

Self-Respect and Prejudice: An Enquiry into Self-Respect as a predictor of
Prejudice and Discrimination Towards Sufferers of Eating Disorders

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as a Predictor of Prejudice and Discrimination Towards
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Declaration

This work is original and has not been submitted in relation to any other degree or qualification.

Signed: 

Date: 26/09/2017

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**With many thanks to my supervisor Dr Claudine Clucas for her support
and assistance with this research.**



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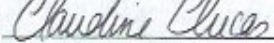
Research Module Meeting Log 2016/2017

NAME: Marcus Rodrigues Bezerra

SUPERVISOR: Dr Claudine Clucas

Date	Discussion topics
13/02/2017 (13:40)	Discussed project dissertation, and possible themes associated with Self-Respect. Agreed on Self-Respect and discrimination towards sufferers of eating disorders.
28/02/2017 (16:40)	Discussed measurement scales and agreed on which should be used in the research: Recognition Self-Respect, Appraisal Self-Respect, Unconditional Respect, Laljee et al., 2009; Self-Esteem, Rosenberg, 1965; Empathy, Davis, 1980; and Discrimination (Social Distance), Clucas, St.Claire, 2016.
06/03/2017 (14:00)	Reviewed measurement scales, discussed ethic form, Information sheet, Debriefing sheet, and participant's recruitment methods.
14/03/2017	Email received from Dr Clucas at 14:39 with feedback concerning measurement scales, Information and Debriefing sheets.
20/03/2017	Email received from Dr Clucas at 18:10 regarding modifications to information and debriefing Sheets, and Recruitment Poster.
21/03/2017 (14:00)	Ethics Form and measurement scales reviewed. Discussed and agreed on which statistical measures should be used in study.
23/03/2017	Email sent to Dr Clucas at 16:12 requesting advice on most appropriate Respect/Discrimination scale to be used in the study.

SIGNED
STUDENT  DATE: 10/09/2017

SUPERVISOR  DATE: 11/09/17



Department of Psychology
Research Module Meeting Log 2016/2017

NAME: Marcus Rodrigues Bezerra

SUPERVISOR: Dr Claudine Clucas

Date	Discussion topics
23/03/2017	Email reply received at 17:35 from Dr Clucas concern above query, plus advice on final draft for Poster, Information and Debriefing Sheets.
27/03/2017	2 Emails received from Dr Clucas: 1) at 11:53 concerning changes in the Ethics Form; 2) at 12:05 concerning how to link the BOS system to SPSS system.
10/05/2017 (14:00)	Confirmed Ethics Form approval, and minor additions/changes to Poster, Debriefing Sheet, and discussed deadline for dissertation draft.
27/07/2017	Email sent at 13:20 to Dr Clucas concerning statistical analysis, dissertation draft, and a request for an appointment regarding statistic surgery. Reply concerning my queries and request received at 13:51.
28/07/2017	Email sent at 14:22 concerning correlations and regressions used in the statistical analysis.
01/08/ 2017 (14:00)	Discussed statistical analysis results, and factor analysis to be calculated. Discussed theoretical approaches to Self-Respect.
02/08/2017	Email sent at 11:57 concerning reliability of measurement scales, correlations and regressions. Reply received at 16:48

SIGNED
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DATE: 10/09/2017

SUPERVISOR

DATE:

11/09/17



Department of Psychology
Research Module Meeting Log 2016/2017

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Date	Discussion topics
28/08/2017 (14:30)	Discussed References, and results from statistics.
30/08/2017	Email sent at 11:35 to Dr Clucas regarding statistics. Replied received at 11:39
05/09/2017	Email sent at 09:44 to Dr Clucas regarding mediation analysis. Replied received at 11:28
07/09/2017	Email sent at 09:35 to Dr Clucas regarding regression analysis. Replied received at 09:39
07/09/2017	Email sent at 12:55 to Dr Clucas regarding t-tests. Replied received at 13:33

SIGNED
STUDENT

A handwritten signature in black ink, appearing to read "Marcus Rodrigues Bezerra", written over a horizontal line.

DATE: 10/09/2017

SUPERVISOR

A handwritten signature in black ink, appearing to read "Claudine Clucas", written over a horizontal line.

DATE: 11/09/17

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Abstract

The relationship between Self-Respect (specifically Recognition Self-Respect and Appraisal Self-Respect) and Prejudice has not yet been fully investigated, and there are indications that they relate to Prejudice through other components of Self-concept, such as Empathy and Unconditional Respect. To establish the dynamics of this relationship participants ($N = 95$, 54 females and 41 males) from an opportunity sample of students and members of the public from Cheshire County participated in a Cross-sectional survey study. Different scales were employed measuring: Recognition Self-Respect, Appraisal Self-Respect, Unconditional Respect, Self-Esteem, Empathy Scale, and Paid Respect Scale. Appraisal Self-Respect was found to be a significant predictor of Prejudice, and this relationship was mediated by Empathic-Concern Empathy. Recognition Self-Respect was not found to be a significant predictor of Prejudice, after adjusting for global Self-Esteem. The discrepancy in findings within the concept of Self-Respect may be a reflexion of the complexity in the components that constitute Self-Respect, and of the dynamic manner, in which Respect and Self-Respect relate as a continuum.

Introduction

Prejudice and Attitudes

The term Prejudice signifies a favourable or unfavourable prior and unsupported judgement of others; and periodically, from such judgements, a hostile Attitude to a person derives simply on the grounds of belonging to a group and possessing undesirable qualities associated with the group (Allport, 1954). Prejudices are mostly grounded on over categorisation and stereotyping (an exaggerated Belief of a category) that follow shared cultural values and norms (Williams, 1945, cited in Allport, 1954). The link between Stereotype and Prejudice is complex and is shown in the relationship between the cognitive, affective and behavioural components of Prejudice. For example, someone may have a respectful Attitude towards gay men, but hold Stereotypes that gay men are effeminate; and although they may think of these Stereotypes as simplistic and being non-prejudiced, they still feel uncomfortable in the presence of gay men (Jackson, 2011). Therefore, Behaviour can often be inconsistent with an underlying Attitude due to other contributory factors. An Attitude has been defined as a favourable or unfavourable learned predisposition response to an object or class of objects (Allport, quoted in Taylor, 2012). An Attitude itself, or its cognitive (Belief), affective (Feelings), and conative (intent to act) unobservable parts can only be established through observable measures, i.e., it is observable and inferred through the cognitive, affective and conative responses (Lasagabaster, & Sierra, 2011).

Ajzen (1988), in his Theory of Reasoned Action (TRA) argued that Attitudes are a consequence of two distinctive factors (subjective norms): a personal factor which establishes the positive or negative consequences of an action; and a collective factor determined by the social pressures to either act or suppress the intention to act, mostly defined by the Belief (Normative Belief) that significant others expect one to behave in a particular manner. The process occurs in three distinctive levels: a) Behaviour is firstly ascertained by intention; b) intentions are determined by Attitudes towards

Behaviour and perceived subjective norms; c) Attitudes and subjective norms are deliberated by the evaluation of consequences of action, and normative social expectations. The complexity involved in Ajzen's theory, and the mechanics involved from Beliefs to specific actions, has been evidenced by Manstead, Proffitt and Smart (1983) in their study of mothers' Attitudes towards breastfeeding. The study illustrated that mothers' Attitudes (Feelings/affective factor) and decision to breastfeed (Behaviour/conative factor) were strongly influenced by the Normative Beliefs (cognitive factor) of significant family members and medical professionals. Henceforth, Attitudes and subjective norms emerge as an evaluation of Normative Beliefs, which in turn will dictate the direction of action (Ajzen, 1988). Thus, this complex evaluative course of action based on attitudinal factors and subjective norms guided by Normative Beliefs suggest that actions are planned and deliberate (Taylor, 2012). It is therefore, worth highlighting that such evaluation of attitudinal factors leading to Behaviour confirms Allport's definition of Attitudes, whereby Behaviour may be guided by the evaluation of predisposed learned favourable or unfavourable desirability of action.

Thus, there must be a favourable or unfavourable Attitude related to a Belief of erroneous and overgeneralised concept towards an object, whereby the Prejudice expresses either an Attitude that devalues the group or an overgeneralised Belief that is not necessarily negative. For example, when one makes a statement such as "I cannot stand gays", one is expressing the attitudinal factor related to the Prejudice; when making a statement such as "All gay men behave in a camp and flamboyant manner", one is expressing the Belief factor associated with a Prejudice. Nevertheless, the attributions of camp and flamboyant Behaviour are also observed in other male members of society and are not necessarily negatively evaluated in connection to homosexuality, e.g., as in artists such as Salvador Dali, Mozart, or Barry Humphries (Dame Edna Everage). Hence, overgeneralisation is a feature of stereotyping but not identical to a negative evaluation of a group (or group members) leading to Prejudice (Allport, 1954). Therefore, it appears, that the complexity of cognitive and

psychological mental processes involved in stereotyping and Prejudice is embedded in the Attitudes, Beliefs, generalisations, and verbal expressions therein implicated.

Stereotypes are often consensual in nature and broadly advocated in a specific culture (Devine, 1989). Therefore, cultural Stereotypes tend to be biased interpretations of Behaviour which clearly affects how one judge's someone else's Behaviour (Hugenberg, & Bodenhauser, 2003), and they may also be regulated by dispositional learned ideas which forms the normative values of a society. For example, in countries where cultural normative values provide the opportunity for Prejudice and discrimination to be explicitly exercised, e.g. Saudi Arabia where homosexuality is illegal and punishable with the death penalty. Comparatively and contrastingly, in Western nations the non-explicit expression of a prejudiced Attitude and action may be the result of socially and culturally desired political correctness. Therefore, arguably, social normative values will influence and potentially constrain the evaluative subjective norms and Behaviour just as much as Normative Beliefs can.

Stereotypes, however, are not the result of individual cognition (Augoustinos, & Walker, 1998). In contemporary Social Psychology Stereotypes are perceived as the need to psychologically and cognitively categorise and simplify complex social systems. Despite its favourable aspects, concerning social judgement, it is worth noting that Stereotypes have been recognised as an invalid basis on which to evaluate a person due to the absence of factual relevant information, leading to errors of perception and judgement (Yzerbyt, Schadron, Leyens, & Rocher, 1994). Social and ideological representations are applied to legitimise collective and social ideologies and employed to express the power relations within a society;

Prejudice is mostly employed by utilisation of negative stereotypical ideas than positive ones. Consequently, Stereotypes are learned by individuals through early socialisation, which become social schemas with internal organisation properties leading to stable knowledge stored in memory that are utilised throughout a lifespan (Macrae, Bodenhauser, Milne, Thorn, & Castelli, 1997). In turn, such concepts develop into cognitive symbolic representations within society that are culturally shared and

proliferate within a specific social, political, and historical time (Moscovici, cited in Augoustinos, & Walker, 1988). Banaji (1997) discusses the evidence accumulated from research into Stereotype and Prejudice that highlights the fact that Stereotype (Belief) and Prejudice (Attitude) can be operationalised unconsciously, and that well-intentional individuals may express stereotyped and prejudiced Attitudes, often associated only with blatant prejudiced others.

Consequently, if the unobservable attitudinal components can only be observably measured, the subtle restrictions imposed by social normative values raise the question on the plausibility and validity of measurements in Attitudes. Ajzen (1991) attempted to conceptualise the issue of incomplete volition, from Belief to intention to action, in his proposed Theory of Planned Behaviour (TPB) - an extension of TRA. TPB postulates that the Attitude towards Behaviour and subjective norm remain the same, however, an additional factor, the degree of perceived behavioural control, will influence the easiness or difficulty in performing an action as a reflexion of past experiences and foreseeable hindrances. Thus, past experiences and Normative Beliefs are the influential determinants of behavioural control and volition. In summary, the more auspicious the Attitude and subjective norm regarding to Behaviour, and the greater the behavioural control, the more compelling the intention to perform an action under consideration will be. In reflection, this theoretical evaluation proposed by Ajzen's TPA, call for reflection concerning the validity of measurements and reliability of social and psychological assessments discussed by Richard T. LaPiere.

LaPiere (1934) demonstrated in his experiment, which involved travelling the West Coast of The USA with a Chinese couple, the complexity of cognition and action involved in Prejudice, and how Stereotypes (Belief) and Prejudice (Attitude) are resistant to extermination. Throughout their journey, proprietors and employees of hospitality establishments generally treated the Chinese couple courteously and politely. However, using a questionnaire six months later, when asked about their Beliefs and Attitudes concerning their policy regarding accepting Chinese people as guests in their establishment, most of the same establishment owners and employees

replied negatively. LaPiere challenged in his study the effectiveness of questionnaires as a valid form of investigation, and argued for more qualitative observational studies based on specific social situations. However, what LaPiere failed to acknowledge is that unfounded preconceived judgements become Prejudice when they are not reversible in the presence of new knowledge (Allport, 1954), and hence are resistant to extermination. The discrepancy between Attitudes and Behaviour are often explained, as in the case of LaPiere's study, by the lack of compatibility in generality of the Behaviour and attitudinal measures (Ajzen, 1988), i.e., broad statements about whether patrons would accept a Chinese couple versus actually providing service to a Chinese couple in the company of a professor.

The current study does not question per se the validity of psychology's measurement scales. Rather it attempts to highlight thus far that if Attitudes and Behaviour can be shaped by subjective social normative values, and Belief and Behaviour control are the determinants dictating action, therefore, so can be Prejudice. Stereotypes, as previously discussed, are unfounded exaggerated Beliefs based on learned social normative values. Subsequently, if Behaviour is also shaped by the favourability or non-favourability of assessment in terms subjective norms, hence the Behaviour control reflected in prejudiced Behaviour will be a reflexion of the degree of Belief, and the desirability imbedded in the subjective norm. Therefore, explicit Behaviour may not necessarily express a Belief, due to an incompatibility in generality of the Behaviour and attitudinal measures (Ajzen, 1988). As concluded in Ajzen's TPB (1991), it is at the level of Beliefs where factors influencing the variance in Behaviour amongst individuals should be investigated. What shapes this variance, is a question worth of enquiry.

There have been suggestions, however, that contact may reduce Prejudice once differences between identities have been de-emphasised (see Allport, 1954; Pettigrew, 1998). Nevertheless, these suggestions have been rejected on the ground of social identity theory, whereby it is unrealistic to expect cultural identities to be concealed (Messick, & Mackie, 1989). Still, it has been shown that a pluralistic social

and cultural identity, i.e., identify as a member of a religious group but also be attached to another group by virtue of ethnicity, will result in a need for re-categorisation and potentially reduce Prejudice (Brewer, 1999).

It is reasonable then to suggest that the question concerning Prejudice lies in the dichotomy concerning the mechanisms involved between explicit Beliefs, implicit Attitudes and actions. It is reasonable also then to enquire into what aspects of personality facilitates and motivates the engagement of Beliefs, Attitudes, and actions in a favourable and unfavourable manner towards an object of judgement. Essentially, the existence of more flexible and tolerant personalities compared to more rigid and hostile types suggest a diverse cognitive process that dictates the direction and vigour of a Belief, an Attitude and ultimately an action of judgement. It seems that it is the Attitude that possess the stronger contributory factor involved in an action of Prejudice. Although Stereotypes are resistant to changes, they can change, and prejudiced Attitudes may be counterbalanced by the rejection of an established Stereotype in favour of a new established personal Belief (Devine, 1989). However, a re-evaluated explicit Attitude (more positive image of gay men) may not annul the implicit Attitude formed through previously acquired spontaneous association (e.g., gay men and HIV) (Ajzen, 2001).

Within the complexity of personality, there seems to be a variation in explicit vocalisation and expression of prejudiced Behaviour. Throughout history, there have been individuals who resisted the pressures of normative social values, and demonstrated mental flexibility in their Attitudes regarding Prejudice and judgment. For example, Germans who resisted Nazi regime, and white South-African who resisted apartheid. Allport (1954) discusses this concept in terms of tolerance and argues that tolerant people possess greater mental flexibility when assessing social normative values, and are more accurate in their perception and judgements, able to sidestep the unpleasantness of conflict, and construct more successful relationships. Bias in Stereotype judgements have been demonstrated to be associated with exaggerating differences, as well as minimising such differences in perceived stimuli, and that

exaggeration is a consequence of long and continuous past experiences of situations where judgement is neither easy nor simple (Tajfel, & Wilkes, 1963). Hence, the ability to accurately perceive environmental cues, and discriminate between differences in a flexible and reasoned manner demonstrate an empathic ability, and Respect towards others without inflicting predisposed judgements and prejudiced Beliefs and Attitudes (Allport, 1954). Equally, knowledge of oneself, and what is termed *Self-Insight* equips an individual to exercise a flexible and tolerant Attitude and judgement towards others; those who are self-aware rarely blame others for their shortcomings, and actions (Allport, 1954).

Nevertheless, Self-Insight and self-evaluation may also produce an antagonist effect. For example, Self-Esteem (SE) can be associated with conceited sense of arrogance and superiority towards others that may lead to consequences to life and social relationships (Baumeister, Campbell, Krueger, & Vohs, 2003), such as discrimination and Prejudice. SE has been defined as the amount of value a person place upon themselves, and it is the evaluative component of self-knowledge, either a favourable or unfavourable evaluation of own self-worth (Baumeister et al., 2003). Research has demonstrated that those high on explicit SE (deliberately reasoned and controlled) but low in implicit SE (unaware high self-evaluation) are more likely to discriminate ethnically, as a defensive strategy (Jordan, Spencer, & Zanna, 2010). Additionally, this heterogenic nature of SE and its relationship to Prejudice has shown that high gender SE (but not personal SE) in heterosexual men is positively correlated with Prejudice towards homosexual men (Falomir-Pichastor, & Mugny, 2009). Moreover, group validation can buffer personal SE by enabling affirmation of other components of the collective self-concept when someone is confronted with blatant discrimination (Spencer-Rodgers, Major, Foster, & Peng, 2016).

Arguably there is a link between Beliefs, Attitudes and Prejudice, mediated by an empathic ability, and flexibility in judgement and action. It is hence, reasonable and plausible to suggest that those who possess such abilities possess a degree of Self-Respect (SR) that will be reflected in their Beliefs, Attitudes, and Behaviour, and

consequently Respect towards others. Henceforth, one can argue that Respect, and a high degree of SR will influence and determine the degree of Prejudice Attitudes and Behaviour.

So far, this study has discussed the way in which Beliefs and Attitudes influence judgement and action concerning prejudiced Behaviour. The next sections will introduce and discuss the manner that Respect, and SR can potentially impact on perception, judgement, and action regarding prejudiced Behaviour.

Respect

Research concerning Respect have mostly stemmed from philosophical approaches which have mainly revolved around the philosophical arguments of Aristotle and Immanuel Kant concerning ethics, morals and duty to oneself and others (see Ross, 2000; Kant [1795], 1991; Dillon, 1995; Korsgaard, 1996). Kant's ethical evaluation of Respect reflects the view that Respect entails treating people (oneself included) always as an end in themselves and never as a mean (Darwall, 1995). Hence, according to Kant, persons possess intrinsic worth and are equal in value (Lalljee, Laham, & Tam, 2007). Darwall expands on this philosophical concept and claims that two different forms of Attitudes are relevant to the concept of Respect. The first concerns giving considerations to aspects of an object in its evaluation and deliberation, and thence, act accordingly, e.g., a person's inherent worth, the law. As this evaluation appropriately recognises features of the targeted object in deliberating action, Darwall (1995) named it *Recognition Respect*. However, it is worth adding that Darwall's evaluation of Recognition Respect is simply not a matter of general agreement regarding moral duties to another human being. Rather, to acknowledge that all humans deserve to be respected is to have a concept of the necessary considerations in being a person, i.e., to recognise one for who or what they are as a person. The second concerns the excellence of the object itself in its characteristics or attributes of the object in question, i.e., Respect for someone's integrity, or for their ability as a sportsperson. Hence, it consists of an Attitude of positive appraisal and the

appraisal itself, and not in the appropriateness of Behaviour or its judgement; consequently, Darwall named it *Appraisal Respect*.

The concept of Respect, however, is complex and multidimensional, as there are other forms of Respect that can be distinguished from Recognition and Appraisal Respect. *Status Respect* indicates Respect for a person due to their status and position achieved in society; and *Achieved Respect* which implies the Respect owed to a person on the grounds of their achievements and accomplishments (Lalljee, Tam, Hewstone, Laham, & Lee, 2009); a concept similar to Appraisal Respect. Both these forms of Respect can be ascribed as *Conditional Respect* (Clucas, & St. Claire, 2016). It is worth eliciting that all these forms of Respect are regarded as an Attitude (see Darwall, 1995, Clucas, & St. Claire, 2016). Indeed, as argued by Clucas and St. Claire, Status and Achieved Respects fit the definition of Attitude, as claimed by Ajzen (1988) “the individual’s positive or negative evaluation of performing that particular Behaviour of interest” (pg. 177); because the amount of Respect paid varies as a consequence of one’s evaluation of merits or position of the target person.

Within Kant’s evaluation of ethical morals, the concept of *Unconditional Respect* (UR) emerges (a concept similar to Recognition Respect); it signifies acknowledging and recognising the intrinsic worth of one’s personhood; people have intrinsic worth and value in view of their rationality and humanity (Kant [1795], 1991; Kristjánsson, 2007). In summary, UR is the Respect paid to a person on the grounds of their humanity, based on intrinsic mutual and equal worth (Lalljee et al., 2007). Clucas and St. Claire (2016) provide an alternative conceptualisation of UR redefining it also as an Attitude, and at the same time highlight the abstract level of evaluation to the object in question due to the concept of “humanity” in opposition to individuals. In so far as the assessment of Respect, individuals high on UR treat others equally despite their individual differences (ethnicity, religion, values and opinions), and irrespective of their liking or disliking towards the individual (object) in question (Lalljee et al., 2007).

Thus, it is reasonable to argue that if Attitudes, evaluation and favourable and unfavourable judgement are embedded within the precepts of UR, other attributes of personality are also involved such as Empathy and Perspective-taking (Clucas, & St. Claire, 2016). Empathy can be defined as the intellectual grasp of someone else's mental state (Cognitive Empathy), and an emotional response to the emotional response of others (Emotional Empathy) (Lawrence, Shaw, Baker, Baron-Cohen, & David, 2004). Perspective-taking is the ability to adopt the psychological point of view of others (Davis, 1983). That being the case, one must consider, like in the evaluation of Stereotypes and Prejudice, the implications that Respect has upon intergroup dynamics and relationships in terms of social inclusion (intragroup), discrimination, and pro-social relationships. Indeed, research has demonstrated that the dynamics of Respect do affect intergroup action tendencies and prejudiced Attitudes, i.e., Attitudes of UR and intragroup Respect influence prejudicial Attitudes (Lalljee et al., 2009). In fact, overall Respect towards a stigmatised person can be taken into consideration as a measure of Prejudice (Huo, Binning, & Molina, 2009).

Huo et al. (2009) reviewed and tested the Dual Pathway Model of Respect (Huo, & Binning, 2008). The model is a single concept framework integration model organised in consideration to a need for status (see Anderson, Srivastava, Beer, Spataro, & Chatman 2006), and the need for social inclusion (see Baumeister, & Leary, 1995). The model asserts that social evaluative feedback from groups (e.g., family, peers, school, society) mould Attitudes and Behaviour contributory to social engagement and well-being of the group and the individual. Hence, arguably Stereotype and prejudicial Attitudes will be determined from within the dynamics integrated in the dual pathway model of Respect, i.e., the reciprocity of evaluative feedback between individual and group determines the individual status and Behaviour within a group. Status predicts social engagement, and social inclusion (liking), and inclusion predicts well-being (Huo et al., 2009). Therefore, alienation from social group networks, and a perceived lower status will affect the well-being of an individual, who will potentially encounter prejudiced Attitudes and discrimination. These implications

will be considered in this study when measuring for Respect as an indication of Prejudice towards a stigmatised person.

Moreover, it has also been recognised that there is a unitary element within the amplitude of constituents concerning Respect (foremost UR) that acts as orientation on how people differ in their Behaviour towards others (Lalljee et al., 2009). Strictly speaking, to maintain good social interaction, and promote individual well-being the main law of Respect should be built on the acknowledgement of one's moral worth and equal status as a human being. Thus, the outwards expression of Respect should therefore encompass an unconditional mode of conduct – UR for example – that refrains from manipulation and recognises differences amongst people foremost on the grounds of their humanity, rather than their individual differences i.e., Respect for their equal worth. This unconditional feature of Respect presents a more stable orientation towards the person (Lalljee et al., 2009). Hence, such Attitude should reflect a stable and flexible personality that is able to engage into Self-insight, as argued by Allport (1954), and reflect a degree of Empathy and Perspective-taking. Only then, social and subject normative bias will not affect one's judgement and action towards others, and a lesser tendency to a prejudiced Attitude and Behaviour can be observed. Therefore, a high degree of Self-insight into one's inherent worth as a person should equally evoke the same degree of Respect to oneself – SR – as it does towards others. It should accordingly, reflect a low degree of prejudiced Attitude. The next session will introduce SR and discuss its dynamics in relation to cognition and Behaviour towards oneself and others.

Self-Respect

The foundation on which the concept of SR is constructed is based on the same foundation upon which the concept of Respect is based: Aristotelian, and Kantian philosophical writings on moral and virtues (see Ross, 2000; Kant [1795], 1991; Dillon, 1995; Korsgaard, 1996). SR, however, is a concept of the Self which in psychological research has been ignored (Roland, & Foxx, 2003; Renger, 2017), and has been

mostly investigated within the philosophical literatures (Dillon, 1995). Most psychological research into the Self, has concentrated its effort on the concept of SE; philosophers mostly discuss SR, psychologists mainly SE (see Dillon, 1995, Roland, & Foxx, 2003, Kristjánsson, 2007). Therefore, it is important to first differentiate between SE and SR. There is a unidimensional model of SE on which the Rosenberg's SE Scale is built (Halama, 2008); based on a single score that should reflect an individual's sense of SE in different areas of life (Roland, & Foxx, 2003). Due to the concern that unidimensional models restrict the important evaluative distinctions regarding an individual's competence in different areas of their life, multidimensional model of SE were developed. For example, Harter's Self-Perception Profile for Children (1985) and Marsh's Self-Description Questionnaire (1984) evaluate competence or self-evaluation across specific areas such as physical appearance and Behaviour, as well as a global sense of self-worth (both cited in Roland, & Foxx, 2003).

If SE can be understood in agreement with psychological instruments, and defined as "one's level of satisfaction with the global ratio of one's achievements to aspirations" (Kristjánsson, 2007, pg. 227), hence, the spectrum of investigation in SE goes beyond the global SE. Consequently, SE can be predicted from a specific area of life (domain –specific SE), rather than from a global perspective (global SE) (Kristjánsson, 2007). SR is one of the domain-specific areas of the multidimensionality of SE, and therefore, a concept worth of investigation.

Within conceptualisation differences between philosophy and psychology, and the assertion of what SR means one needs to ask whether SR is a psychological concept after all. Comparatively to the definition of SE, for one to claim and maintain SR one also requires self-awareness (Roland, & Foxx, 2003). Thus, based on the psychological cognitive concept of the Self, there are grounds to research SR. Firstly, as already discussed above, it derives from the concept of Respect (Ross, 2000; Kant [1795], 1991; Dillon, 1995; Roland, & Foxx, 2003); secondly, although both concepts require self-knowledge, it has been suggested that the direct relationship between SR and SE does not necessarily imply causality, i.e., high or low SE promotes high or low

SR, and vice-versa (Roland, & Foxx, 2003; Kristjánsson, 2007); thirdly, it has been conceptualised as a subjective psychological concept wherein a required favourable Attitude towards oneself can be described in psychological terms, i.e., it can be characterised by someone's Beliefs and Attitudes towards oneself (Massey, 1995).

SR has been defined in many different contexts. It has been defined as *Conative Self-Respect* (CSR) and *Estimative Self-Respect* (ESR). CSR is a disposition that prevents one from behaving in a manner not worthy of oneself (Telfer, 1995), which suggests a motivational character trait and a concern for Aristotelian dignity (Roland, & Foxx, 2003). ESR refers to a favourable merit-based valuation and opinion of oneself, grounded on one's conduct and character (Telfer, 1995; Roland, & Foxx, 2003). Furthermore, SR has also been defined as *Recognition Self-Respect* (RSR): the regard that all human beings are merited, and *Appraisal Self-Respect* (ASR): the referent favourable appraisal of oneself to others (Roland and Foxx, 2003, Telfer, 1995). It is worth noting that RSR encompasses the conative element, and it is linked to the objective philosophical argument based on Kantian philosophy, whilst ASR entails the estimative element, and it is related to the psychological subjectivity associated to Aristotelian philosophy (Telfer, 1995).

The concept of SR has also been further evaluated and defined as follows. *Human Self-Respect* (HSR), defined as the intrinsic moral worth one possesses, entails a reflexive aspect related to the evaluation of others to oneself as an end, and not as a mean, which powerfully affect one's well-being. It also entails an evaluative aspect concerning one's self-evaluation, maintained one's own level of standards. On the current study, this has been addressed in the measure of ASR, a concept similar to SE, but which is best conceptualised as a domain of global SE based on moral, principled and honourable Behaviour. RSR, on the contrary, appears to have a stronger foundation in philosophy. Finally, *Status Self-Respect* (SSR) entails recognising one's place in society (Middleton, 2006).

There is, however, disagreement in relation to how SR should be studied.

The question lies on whether SR should be studied as a general concept or whether a specific form of SR is more suited for the empirical exploration of SR in relation to other abstract psychological variables (Kristjánsson, 2007). There have been suggestions that both, philosophical (objective) and psychological (subjective) forms of SE should be studied (Massey, 1995). Massey argues that the objective form is ill suited to explain the dynamics of morality concerning action, but well suited to explain the intrinsic value of SE as a concept; equally, the subjective form is well suited to explain the dynamics of morality to action but inadequate to explain the intrinsic value of SE as a concept. There is also the argument that SR should be studied as a unified account (Meyers, 1995). Meyers argues that SR exists through a triadic relationship between Attitude, Behaviour and object, i.e. a respectful Attitude is expressed through respectful Behaviour toward the object that is worth of Respect; and suggests that only through this triadic model can SR be uncompromised in its intrinsic value. This triadic model allows for stability and sustainability of actions resulting from SR even when one is challenged with evaluative criticism of others. Kristjánsson argues that there is a need to be adequately operationalised like in the study of SE, and believes that a distinctive concept of SR would provide psychologists with the correct premises for empirical investigation, i.e., ASR. Kristjánsson's argument focus on the practicality that ASR allows for in empirical research. Firstly, it agrees with contemporary academic virtue ethics studies; secondly, ASR recognises the psychological emotional prominence of emotion (affective and cognitive features); thirdly, ASR is grounded on the social scientific concept of the Self, within the symbolic-interactionist reflective view of recognition of the Self in others; fourthly, ASR allows for flaws in its observable expressions, i.e., too much SR which is considered disabling in psychological evaluation (Kristjánsson, 2007).

Reflectively, a relationship between ASR, RSR and other psychological variables of the Self, such as Attitudes and SE begins to emerge. For example, the Dual Pathway Model of Respect (e.g., Huo et al., 2009) and its impact on well-being and social harmony; also, the relationship between UR and intergroup interaction

(Lalljee et al., 2009). Moreover, SR has been validated on stable psychological foundations through the application of autonomy (Meyers, 1995) and promotes the treatment of others as autonomous, rational, and of equal worth (Lalljee et al., 2007). This element of autonomy evokes an assertive Attitude that demands one to be taken seriously and make claims in relation to their self-worth and values (Cureton, 2013; Renger, 2017). Studies on SR have revealed that those with a sense of SR will influence the manner which they feel respected by others (Clucas, & St. Claire, 2011), and it will also mediate Behaviour, promote intimate pro-relationship Behaviour and well-being, as well as personal well-being (Kumashiro, Finkel, & Rusbult, 2002). Thus, as in UR, there is a concept of non-conditionality in SR (Kristjánsson, 2007; Cureton, 2013). It demands a mutual standard of rational willingness in interpersonal relationships so that values that compromises one's self-dignity are not violated, ensuring non-detrimental Attitudes and Behaviour towards others, i.e., Prejudice and discrimination. SR is based on moral concepts of self-worth and acknowledgement. Arguably, anyone who engages in immoral Behaviour will compromise their own dignity and that of others. Respectful Behaviour is grounded on respectful Attitude, and failure to maintain this self-concept compromises moral autonomy (Massey, 1995), and thus, the stable psychological autonomy that validates SR is compromised.

This level of self-awareness and knowledge reiterates the concept of Self-insight identified in Attitude theory (Allport, 1954), and the evaluation of Respect as a stable psychological concept (Lalljee et al., 2009), as discussed in the Attitude and Respect sections of this study. This degree of self-awareness that is evoked in SR, is conducive with the definition of Attitude (Ajzen, 1988; Clucas, & St. Claire, 2016), as it lays the foundation for attitudinal flexibility, tolerance and accountability in values/Beliefs (cognitive), Feelings (affective), and intent to act/Behaviour (conative) (Lasagabaster, & Sierra, 2011). Subsequently, it equally evokes the element of Empathy identified in the concept of Respect (Allport, 1954). One's ability to respect depend on one's ability to empathise through Perspective-taking, and empathic concern. It reflects the foundations of tolerance and moral autonomy essential for the

stable conceptualisation of SR, and it does not compromise and corrupt one's sense of dignity, nobility, and humanity within the concept of self-worth, and nobility defined within the concepts of RSR and ASR. Thus, both types of SR (RSR and ASR) allows for respectful Behaviour, which in turn is enabled through the dynamics of Empathy. Empathy assumes a cognitive/emotional dynamic, which its complex and multidimensional nature can only be understood when both aspects of the process: cognitive/Perspective-taking (the recognition of someone else's Feelings), and affective/concern (the additional sharing of those Feelings) are adequately assessed and evaluated separately (Davis, 1980; Mehrabian, & Epstein, 1972). This analysis is supported by the inter-correlation between the Perspective-taking and empathic concern elements of measure, as well as a positive correlation between Gender and both elements of measure (Hoffman, 1976). For an assessment and analysis of Empathy as a single unified scale would fail to yield responses demonstrative of the individual effects of Behaviour conducive to empirical assessment and evaluation (Davis, 1980).

Studies have demonstrated a correlation between SR and humiliation in its subjective cognition, and its effect on social exclusion (Statman, 2000). A correlation between ASR, forgiveness, well-being, and interpersonal pro-relationships and self-concept (Kumashiro et al., 2002; Luchies, Finkel, McNulty, & Kumashiro, 2010); a correlation between RSR and assertiveness has been demonstrated (Renger, 2017); and a correlation between ASR and the perception of Respect between medical professionals and patients (Clucas, & St. Claire, 2011). However, as far as this study is aware no research into the correlation between SR and Prejudice has ever been carried out. Therefore, the evidence discussed above suggests that SR relates to other variables of the Self, such as SE, UR, Empathy, and correlates with Gender as a predictor of Prejudice. The aim of this study is to explore the relationship between SR and Prejudice, with attention to sufferers of Eating Disorders. The study hypothesises that: Hypothesis 1 - RSR will be a significant predictor of Prejudice; Hypothesis 2 - ASR will be a significant predictor of Prejudice; Hypothesis 3 - UR will act as a mediator of

the relationship between RSR and Prejudice; Hypothesis 4 - both types of Empathy (Perspective-Taking, and Concern) will act as mediators of the relationship between RSR and Prejudice, ASR and Prejudice.

Method

Participants

There was a total of 95 participants (54 females, 41 males). There was a higher frequency of female participants (56.8%) compared to male participants (43.2%). Age range between 19 and 78 years of age (*M* 38.7 years, *SD* 15.63). The sample was ethnically diverse; frequency for Ethnicity are as follows: White British (74.1%), White-European (7.6%), White-Other (1.9%), Black African (0.95%), British Asian (1.8%), Mixed Race (3.8%). Frequencies for Religion are as follows: Christian (41.8%), Atheist (22.8%), Agnostic (8.55%), Religion-Other (8.55%), Spiritualist (6.65%), Buddhist (2.85%), Muslim (1.8%).

The research was open to any adult over the age of 18. Participants were recruited using opportunity sampling from the University of Chester (undergraduates and postgraduates), and members of the public from the County of Cheshire geographical area via the SONA research participation system. The study received ethical approval from the Ethics Committee at the University of Chester, and it complied with the ethical code of the British Psychological Society.

Measures

Unconditional Respect was measured using the Respect for Persons (RfP) Scale (Lalljee et al., 2009) (see Appendix A for scale). The scale is a 12-item scale selected from a pool of 30 items, which has been validated in studies amongst several cultures including the United Kingdom, India, and the United Arab Emirate Gulf State. Confirmatory factor analysis demonstrated a satisfactory single factor model (Lalljee et al., 2007). Participants were invited to express their agreement and disagreement on a seven-point Likert-type scale from one (strongly disagree) to seven (strongly agree)

with items such as “I try to be understanding toward people even if I do not like them”, and “I look down upon the weaknesses and inadequacies of other people” (reverse code). Total scores could range from 12 to 72, and higher scores indicated high UR. Cronbach’s α for the scale was .79 in the present sample. Internal validity is considered acceptable when Cronbach’s α is above .70 (Pallant, 2011).

Self-Esteem was assessed using the Rosenberg Self-Esteem Scale (RSE) (Rosenberg, 1965) (see Appendix B for scale). The scale is a ten-item unidimensional scale that assess global self-worth by measuring positive and negative Feelings about the Self. The scale is widely used, with test-retests reliability demonstrated to be greater than .80, more than any other SE measure (Baumeister et al., 2003; Robins, Hendin, & Trzesniewski, 2001a; Luhtanen, & Crocker, 1992). Participants were asked to express their agreement and disagreement on a four-point Likert-type scale from one (strongly disagree) to four (strongly agree) with items such as “On the whole, I am satisfied with myself”, and “At times I think I am no good at all” (reverse code). Total scores could range between ten to 40. For the analysis, Item 8, “I wish I could have more respect from myself” was removed from the scale in this study to reduce the overlap between SR and SE measures. In this study, Cronbach’s α for the scale was .87.

The Davis Empathy Scale (Davis, 1980) developed as a multidimensional Interpersonal Reactivity Index (IRI) was used to measure Empathy. The IRI scale does not consider Empathy as a unipolar construct, i.e., either as a cognitive or an emotional variable. Rather, as a related set of constructs concerning responsivity to others which are distinguished from each other, nevertheless interdependent, in which each influences the other (Davis, 1980). The RI is a self-report measure. The original version of the IRI scale contained 50 items that were readapted and reduced to a second version containing 45 items. The final version of the scale contains four subscales: 7 Fantasy (FS), 7 Perspective-taking (Pt), 7 Empathic Concern (Ec), and 7 Personal Distress (PD). Reliability tests for the scale revealed internal reliability coefficients Cronbach’s α coefficients for all subscales to be above .70, which in

conjunction with the results of the factor analysis provided sufficient evidence that a reliable set of subscales was developed (Davis, 1980). In this study, the second version of the scale was used, and only 7 items from the Pt subscale and 11 items from the Ec subscale were utilised producing a scale totalling 18 items for more robust analysis (see Appendix C for scale). The Pt subscale assesses the inclination to endorse the psychological perspective of others; the Ec subscale assesses other-oriented Feelings of sympathy and concerns towards less fortunate others (Davis, 1983). Participants were requested to express their agreement and disagreement on a seven-point Likert-type scale from one (strongly disagree) to seven (strongly agree) with items such as “Before criticising somebody, I try to imagine how I would feel if I were in their place”, and “Sometimes I don’t feel sorry for other people when they are having problems” (reverse code). Total score for the Pt subscale could range between 7 and 49, and for the Ec subscale could range between 11 and 77. Cronbach’s α in this study for the Pt scale was .65, and for the Ec subscale was .78. The lower .65 Cronbach’s α for the Pt subscale suggests that limitations to results obtained in the analysis must be considered. Nevertheless, despite the lower reliability of the Pt subscale, the interdependency of the subscales was observed, and the Pt subscale results were considered in the analysis. Other studies using David’s IRI subscales have also found the internal reliability for Pt and Ec subscales to be around .6 but have considered this to be acceptable (Lalljee et al., 2009).

A measure of RSR was created and developed for the current study, based on literature highlighting features of personal qualities, humanity and autonomy based upon the regard to which all persons are entitled, and which motivates one to participate in worthy conduct, condemn degrading Behaviour, and expect Respect without tolerating disrespect (Allport, 1954; Meyers, 1995; Telfer, 1995; Roland, & Foxx, 2003) (see Appendix D for scale). Exploratory factor analysis for the scale used in the present study was performed using Catell’s (1966, in Pallant, 2011) Scree Test, which supported a one-factor structure with the use of a screen-plot. Factor loadings ranged from .32 to .84 ($p < .001$, KMO = .685, Eigenvalue = 44.47 % for 1 factor). A measure

was developed because at the time of the current study design no RSR scale existed. Since the implementation of the present study, a RSR scale has been developed with similar content to the one used in the present study, and with excellent internal reliability (Cronbach's α .94) (Renger, 2017). Respondents were asked to rate their agreement and disagreement on a seven-point Likert-type scale from one (strongly disagree) to seven (strongly agree) with items such as "I have dignity from being an autonomous human being", and "I do not feel I have freedom of choice" (reverse code). Total scores could range between eight and 56. Items that required reverse coding were made where necessary so that high scores indicated high RSR. Cronbach's α in this study for the RSR scale was .79.

ASR was measured with the use of the ASR scale (see Appendix E for scale) (Clucas, & Wilkinson, 2017). Exploratory and confirmatory factor analysis in the latter study supported a one-factor structure, and the scale showed good internal reliability in all samples in which the scale was administered (Cronbach's α .80). In the present study, exploratory factor analysis for the scale was performed using Catell's (1966, in Pallant, 2011) scree test also supporting a one-factor structure. Factor loadings ranged from .44 to .87 ($p < .001$, KMO = .90, Eigenvalue = 54.16 % for 1 factor). Participants were invited to rate their agreement and disagreement on a seven-point Likert-type scale from one (strongly disagree) to seven (strongly agree) with items such as "I feel I have moral courage", and "I feel I have a high strength of character". Total scores could range between eight and 56. Cronbach's α in this study for the RSR scale was .86.

Prejudice was measured using an adaptation of the Paid Respect Scale which includes seven Behaviours, six Beliefs, and eight Feelings of Respect items (Clucas, & St. Claire, 2016). The Paid Respect scale is an adaptation of Bogardus' Social Distance Scale using some of the scale's Feelings items (1925, cited in Parrillo, & Donoghue, 2005; cited in Wark, & Galliher, 2007). In the study from Clucas and St. Claire, confirmatory factor analysis confirmed all items creating the three subscales related to the construct of Respect. Although in Attitude theory and research it is

common to discern between the cognitive, affective and behavioural types of response (Clucas, & St. Claire, 2016), in the current study, the Prejudice Scale was adapted to a unified 21 item single scale for the purpose of greater internal validity (see Appendix F for scale). Internal validity was correspondingly assessed yielding a Cronbach's α of .84. A vignette was created inviting participants to imagine that they had just met a 36-year-old white female suffering from an Eating Disorder, to present a hypothetical situation that may potentially have evoked prejudiced Attitudes and responses, and lack of Paid-Respect (Crisp, 2005; Stewart et al., 2008; Berg et al., 2016). Participants were then required to rate their agreement and disagreement on a 10-point Likert-type scale from one (extremely unlikely) to ten (extremely likely) with the Paid-Respect items such as, you would: "be inclined to treat her politely", and "not believe her respect worthy" (reverse code). Total scores could range between 21 and 210.

Procedure

Participants completed the research questionnaire (all six measurement scales) online via the BOS (Bristol Online Survey) system. An information sheet was attached to the questionnaire (see Appendix G) informing potential respondents of the purpose of the study, and that by agreeing to complete the questionnaire they were formally giving consent of participation. Participants were also informed that they were not required to answer all questions if they did not want to, or felt uncomfortable with the research questions; nevertheless, their responses would still be used for analysis. Equally, participants were informed that they could withdraw from the research up to the point of submission of the questionnaire, however, once they submitted the questionnaire, withdrawal from the research was no longer possible. A debriefing sheet was also attached to the study questionnaire (see Appendix H). The debriefing sheet provided further information concerning the study, and contact information details in case participants would like to discuss the study further. Additionally, the debriefing sheet provided information for support services in the eventuality that participants may have found the topic of the research upsetting. Participants who were students of the

university of Chester received 2 RPS credits towards their eligibility to conduct their own future research towards their degree course. Members of the public did not receive any financial or material reward for engaging in the research, other than the incentive that they would be contributing to the development of further scientific knowledge.

Analysis and Design

The study was a cross-sectional survey based on participants' self-evaluation. Partially completed questionnaires were still accounted for in the analysis, hence, complete data was not available for all variables. Total sum of scores for each set of scales were calculated, which were then submitted for calculation of Mean and Standard Deviation. Correlation analyses between Paid-Respect (dependent variable – DV), and RSR, ASR, UR, Pt-Empathy, and EC-Empathy (independent variables – IV) were performed. These were followed by multiple regression analyses to answer the research hypotheses.

First, it was planned to conduct a multiple regression analysis to test whether RSR and ASR significantly predicted Paid-Respect after adjusting for global Self-Esteem. It was important to differentiate between SR and global SE due to: a) the inconsistent heterogeneous nature of SE, i.e. degrees of SE (high or low) do not explain pro or anti-social Behaviour; b) although SE and SR are both considered an integral part of the Self-concept, there are suggestions of interdependency between the SE and SR concepts, i.e., self-respecting people may experience either high or low SE, and people with high levels of SE may possess or not SR (Roland, & Foxx, 2003; Sachs, 1981). However, the correlation between RSR and ASR was high with a r coefficient of .7, which is problematic and suggested high multicollinearity between the variables. Any variant of proportion .7 or above suggests multicollinearity (Pallant, 2011). This was subsequently confirmed with a regression analysis with RSR and ASR as predictors, which also yielded variance of proportion for both IVs above .7, confirming multicollinearity (see Results). Because of this, RSR and ASR were

analysed separately of each other in two separate multiple regression analyses. Outliers with residuals greater than 3 SD away from the mean as identified by the regression analysis were removed prior to analysis.

Secondly, it was planned to conduct Mediation Analyses (following the steps from Baron & Kenny, 1986) to investigate the mediating role of UR and Empathy in the relationship between RSR and Paid-Respect, and the mediating role of Empathy in the relationship between ASR and Paid-Respect using Pearson correlations and multiple regressions

Results

Preliminary Analyses

An T-test was performed to test whether Gender related to Prejudice. This was important because previous studies have shown significant differences between genders regarding more accepting and beneficent Attitudes towards stigmatised groups, and prejudiced actions (Najdowski, & Bottoms, 2015; Nan Zhang, & Yanan, 2011; Ratcliff, Lassiter, Markman, & Snyder, 2006; Ekehammar, Akrami, & Araya, 2002). The T-test effect size was calculated manually. There was a significant difference in scores between males ($M = 170.31$, $SD = 22.6$) and females ($M = 179.31$, $SD = 16.4$; $t(58) = -2.02$, $p = .05$, two-tailed). The magnitude of the difference in the means (mean difference = -9.0 , 95% CI : -17.91 to $-.09$) was moderate (eta squared = .07). Because Gender was significantly related to Paid-Respect, it was included in the main regression analyses.

Frequencies

Mean and Standard Deviation (*SD*) scores for the total scores of RSR, ASR, UR, SE, Pt-Empathy, and Ec-Empathy are presented with Cronbach- α for all measures in Table 1.

Table 1. Mean and Standard Deviation (*SD*) of sums of scores for all variables (Paid-Respect, RSR, ASR, UR, SE, Pt-Empathy, and Ec-Empathy with Cronbach α)

	Mean (<i>SD</i>)	Cronbach α
Paid-Respect	175.65 (19.54)	.84
Recognition Self-Respect	47.65 (6.30)	.79
Appraisal Self-Respect	44.88 (6.55)	.84
Unconditional Respect	69.00 (8.73)	.79
Self-Esteem	26.92 (4.05)	.87
Empathy (Perspective Taking)	37.00 (5.00)	.65
Empathy Concern	63.00 (8.50)	.78

Correlations

Correlations for all variables are presented in Table 2. As predicted, there was a weak positive correlation between RSR and Paid-Respect ($r = .29$, $n = 85$, $p = .008$); a moderate positive correlation between ASR and Paid-Respect ($r = .33$, $n = 85$, $p = .002$), UR and Paid-Respect ($r = .47$, $n = 85$, $p < .001$), Pt-Empathy and Paid-Respect ($r = .31$, $n = 82$, $p = .005$); and a strong positive correlation between Ec-Empathy and Paid-Respect ($r = .52$, $n = 85$, $p < .001$). SE was not correlated with Paid-Respect.

Table 2. Correlations for all variable, Paid-Respect (DV), and RSR, ASR, UR, SE, Pt-Empathy, and Ec-Empathy (IVs)

Paid Respect	Recognition Self-Respect	Appraisal Self-Respect	Unconditional Respect	Self-Esteem	Pt-Empathy	Ec-Empathy
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Paid-Respect	—	.286**	.328**	.462**	.156	.308**	.516**
Recognition		—	.694**	.251*	.550**	.161	.332**
Self-Respect			—	.151	.625**	.291**	.358**
Appraisal				—	.357**	.496**	.537**
Self-Respect					—	.374**	.223*
Unconditiona						—	.453**
I Respect							—
Self-Esteem							
Pt-Empathy							
Ec-Empathy							

Note: * $p < .05$ (2-tailed)

** $p < .01$ (2-tailed)

There was a weak positive correlation between RSR and UR ($r = .26$, $n = 94$, $p = .015$); and a moderate positive correlation between UR and Paid-Respect ($r = .47$, $n = 85$, $p < .001$). There was no correlation between RSR and Pt-Empathy; a moderate positive correlation between RSR and Ec-Empathy ($r = .34$, $n = 92$, $p = .001$). There was a weak positive correlation between ASR and Pt-Empathy ($r = .30$, $n = 88$, $p = .006$), and a moderate positive correlation between ASR and Ec-Empathy ($r = .36$, $n = 92$, $p < .001$). There was a moderate positive correlation between Pt-Empathy and Paid-Respect ($r = .31$, $n = 82$, $p = .005$), and a strong positive correlation between Ec-Empathy and Paid-Respect ($r = .52$, $n = 85$, $p < .001$). Thus, it was important to investigate on whether UR is a mediator of the relationship between RSR and Paid-Respect, and Pt-Empathy and Ec-Empathy are mediators of the relationship between ASR and Paid-Respect

Multiple Regression Analyses

Regression Analysis 1: RSR predicting Prejudice

Standard regression analysis (RSR, SE, and Gender) was used to assess the ability of RSR as a control measure to predict levels of Paid-Respect

towards a sufferer of an Eating Disorder. The model accounted for a low proportion of the variance, (16.0% adjusted to 12.0%), Adjusted $R^2 = .12$; $F(3, 78) = 4.63$, $p = .005$. RSR was a non-significant predictor ($\beta = .17$, $p = .202$). SRS showed no significance in relation to Prejudice, thus, no further analysis concerning mediation for RSR was required. Gender showed a significant β coefficient ($-.30$, $p = .013$), and results will be discussed further in *discussion* section. SE showed no significant β coefficient ($.15$, $p = .289$).

Regression Analysis 2: ASR predicting Prejudice

A standard regression analysis was also used to assess the ability of ASR as a control measure to predict levels of Paid-Respect towards a sufferer of an Eating Disorder. The model accounted for a higher proportion of the variance compared with the RSR model, (19% adjusted to 16%), Adjusted $R^2 = .16$; $F(3, 78) = 5.88$, $p = .001$. ASR was a strong predictor of Prejudice towards sufferers of an Eating Disorder ($\beta = .31$, $p = .029$) (Pallant, 2011). Additionally, Gender showed a significant β coefficient ($-.29$, $p = .009$), and results will be discussed further in *discussion* section. SE showed no significant β coefficient ($.04$, $p = .803$).

Mediation Analysis 1: Pt-Empathy as a mediator between ASR and Prejudice

A standard regression analysis was performed to assess whether ASR significantly predicted Pt-Empathy after adjusting for SE and Gender. The model accounted for a low proportion of the variance, (18.0% adjusted to 15.0%), Adjusted $R^2 = .15$; $F(3, 79) = 5.50$, $p = .002$. ASR was a non-significant predictor of Pt-Empathy ($\beta = .10$, $p = .494$). This indicates that ASR is not related to Pt-Empathy, and thus Pt-Empathy is unlikely to be a mediator of the relationship between ASR and Paid-Respect.

Mediation Analysis 2: Ec-Empathy as a mediator between ASR and Prejudice

A standard regression analysis was also performed to assess whether ASR significantly predicted Ec-Empathy after adjusting for SE and Gender. The model accounted for a higher proportion of the variance, (26.0% adjusted to 23.0%), Adjusted $R^2 = .23$; $F(3, 83) = 9.60$, $p < .001$. ASR was a significant predictor of Ec-Empathy ($\beta = .35$, $p < .01$). This indicates that ASR is related to Ec-Empathy, and therefore, Ec-Empathy could potentially be a significant mediator of the relationship between ASR and Paid-Respect. However, additional tests were needed.

Regression Analysis 3: ASR predicting Prejudice

A second standard regression analysis was performed to assess the ability of ASR as a control measure to predict levels of Prejudice towards a sufferer of an Eating Disorder with Ec-Empathy entered as the main predictor, adjusting for SE and Gender. The model accounted for a higher proportion of the variance compared to the first ASR-Prejudice model, (32% adjusted to 29%), Adjusted $R^2 = .29$; $F(4, 77) = 8.94$, $p < .001$. SE was not a significant predictor of Prejudice ($\beta = -.01$, $p = .965$), and nor was Gender ($\beta = -.15$, $p = .171$). ASR was a significant predictor of Prejudice and its relationship with Prejudice was found to be fully mediated by Ec-Empathy ($\beta = .42$, $p < .001$). Ec-Empathy was the only variable that seems to link ASR to Prejudice. Since, ASR and Empathy related to Paid-Respect, Empathy appears to be partially opposed to full mediator of the relationship between ASR and Paid-Respect (Kenny, 2016).

Discussion

Findings

The aim of this research was to test its four hypotheses. Hypothesis one postulated that RSR would be a significant predictor of Prejudice; Hypothesis two postulated that ASR would be a significant predictor of Prejudice; Hypothesis three postulated that UR and SE would mediate the relationship between RSR and Prejudice; Hypothesis four postulated that Pt-Empathy, and Ec-Empathy would mediate the relationship between RSR and Prejudice, and ASR and Prejudice.

The initial results showed a positive correlation between RSR and Prejudice, and ASR and Prejudice, as predicted. However, an elicited multicollinearity between RSR and ASR was also apparent in the correlations which prompted a separate regression analysis between RSR and Prejudice, and ASR and Prejudice. Results demonstrated that RSR was not a significant predictor of Prejudice after controlling for global SE and Gender. Hence, hypothesis one can be rejected, and because RSR was not a predictor of Prejudice, hypothesis three was also not warranted. As no known previous investigation in the relationship between RSR and Prejudice has been previously realised, it is difficult to thoroughly assess the results concerning RSR and Prejudice in this study. However, some studies (e.g., Puhl, Latner, King, & Luedicke, 2014; Berg, Lin, Hollar, Walker, & Erickson, 2016) have identified prejudiced Attitudes which demonstrate a lack of the intrinsic UR factor, integral to the concept of RSR, (see Telfer, 1995; Meyers, 1995; Cureton, 2013); for example, in which stigmatisation of sufferers of Eating Disorders has been observed amongst health professionals. The UR factor in self-verification has also been discussed as essential for self-evaluation and SR, in which those assertive in their SR demand and expect Respect from others, as shown in studies concerning the relationship between patients and doctors (Clucas, & St. Claire, 2011, Clucas, & St. Claire, 2016).

Thus, the above cited literature suggests that the non-significant relationship between RSR and Prejudice in our study may be explained due to a lack of the UR dynamic effect in our demographic sample. However, it is worth noting that in the correlation analysis, UR was related to both Paid-Respect and RSR, and that in the original regression analysis there was a relationship between RSR and Prejudice,

before controlling for SE. As indicated in the *introduction* section, studies have demonstrated that in its heterogeneous nature SE relates to Prejudice (Jordan et al., 2010; Falomir-Pichastor, & Mugny, 2009; Spencer-Rodgers et al., 2016), and henceforth, SE may have contributed to explaining the relationship between RSR and Prejudice. High SE may act as a form of over-conceited superiority towards others (Baumeister et al., 2003), inhibiting the UR component of RSR. This seems also to be supported by the argument that a marked difference between Attitudes and prejudiced Behaviour has previously been observed (LaPiere, 1934).

The study has also showed a positive correlation between ASR and Prejudice, and that ASR is a significant predictor of Prejudice after controlling for SE and Gender. Hence, Hypothesis two was supported. The relationship between ASR and Prejudice appears to be explained through the mediation of Ec-Empathy but not Pt-Empathy, therefore the fourth Hypothesis was supported. As with RSR, no known studies have investigated the relationship between ASR and Prejudice and a thorough assessment of results is limited. It is nevertheless, argued that Respect and SR relate to empathic ability and the ability of Self-insight (Allport, 1954). Studies have demonstrated that stigmatisation and prejudiced Attitudes are associated with a lack of empathic ability and acknowledgement of one's status and capabilities as an individual (Crisp, 2005; Stewart, Schiavo, Herzog, & Franko, 2008). These studies suggest that a lack of Empathy evokes a lack of Respect and acknowledgement of one's status, leading to prejudiced Attitudes. The attributive factors associated with the recognition of one's status and merits are directly related to ASR and Respect towards others (see Roland, & Foxx, 2003; Massey, 1995; Darwall, 1995; Korsgard, 1995). Additionally, failing to recognise one's status and merits as an individual has also been associated with denying one social inclusion (Lalljee et al., 2009). Hence, the ability to engage empathically suggests a positive relationship between ASR and Respect, plus a reduction in prejudiced Attitudes and Behaviour. In the present study, Empathy was a mediator in the relationship between ASR and Prejudice, confirming the theoretical literature concerning ASR, Empathy, and pro-social Attitudes.

In the initial regression analysis Gender was shown to be a significant predictor of the relationship between ASR and Prejudice. In the second stage, Mediation Analyses between ASR, Gender and Pt-Empathy, and ASR, Gender and Ec-Empathy, Ec-Empathy was the only mediator of the relationship between ASR and Prejudice. However, the final regression analysis demonstrated that neither Gender and SE were significant predictors of the relationship between ASR and Prejudice. Thus, ASR was a significant predictor of Prejudice, and its relationship with Prejudice was found to be fully mediated by Ec-Empathy. The findings regarding Gender and Ec-Empathy are nevertheless confirmed by the theoretical approach regarding Gender differences and Prejudice (Hoffman, 1977b), and the greater impact of Ec-Empathy as a determinant factor in Attitudes and Prejudice than the Pt-Empathy factor (Davis, 1980). The following session will now address all above findings.

Implications

The overall findings of the study were that only ASR was a significant predictor of Prejudice, and Ec-Empathy was the only variable that mediated the relationship between ASR and Prejudice. One possible explanation for that is the association between concepts of the Self, Attitudes, Empathy and Prejudice. However, these results prompt some relevant questions on whether SR should be further studied as a unified concept or RSR and ASR should be studied separately.

Firstly, there is the question of why RSR was not a predictor of Prejudice. RSR is argued to be built on moral concepts (Kant [1795], 1991, Dillon, 1995; Koorsgard, 1995), in which UR is an intrinsic element of RSR in its objective (moral) component (Telfer, 1995; Massey, 1995). Moreover, RSR is processed purely cognitively (Belief) and should be maintained and demonstrated through its autonomous reasoned concern for others (Kristjánsson, 2007; Lasagabaster, & Sierra, 2011). Thus, one would have assumed that on the grounds of rationality, that the sample in this study would have, at least as far as empirical measurements allow, demonstrated a reasoned and unconditional evaluation of the object (sufferer of an Eating Disorder) as an end

(Kant [1795], 1991); recognition of other's perspective is related to an appreciation of other's point of view embedded in UR (Lalljee, et al. 2007). Stereotyping has been observed to influence the dynamics of Attitudes and intent of action even in situations where reason should have prevailed as a determinant of action. For example, it has been established that health workers involved in the treatment of Eating Disorders are biased towards treating people with obesity, and have a negative effect regarding treatment outcomes, and the development of obesity-reducing public policies (Puhl et al., 2014; Berg et al., 2016).

Stereotyping of stigmatised groups leading to prejudiced Attitudes have been also discussed in studies concerning Prejudice and Attitudes rigidity toward race, religiosity and sexuality (Leary, Brennan, & Briggs, 2005; Shen, Yelderman, Haggard, & Rowatt, 2013; Harell, Soroka, Iyengar, 2016). Moreover, UR and Conditional Respect have been shown to be additive, i.e., people scoring high on UR appear to have more Respect for others in view of their humanity, but also to have less Respect for the respect-worthy compared to the non-respect-worthy target (Clucas, & St. Claire, 2016). As the analysis in this study has shown that relationship between RSR and Prejudice may be mediated by SE, henceforth, future studies should explore the relationship of SE and RSR further.

However, Attitudes, Feelings (affective) and judged Behaviour (conative) based on merit towards others are dynamics associated with ASR and Appraisal Respect (Dillon, 1995; Kristjánsson, 2007). Thus, the element of autonomy in appreciation of one's nobility of character and merits can become compromised in the absence of UR. This reiterates the triadic concept of SR proposed by Meyers (1995) and that a stable respectful Attitude can only be expressed through stable uncompromised respectful Behaviour. This raises the question on whether researching SR as an amalgamated form of RSR and ASR would be more appropriate.

Secondly, the confirmation of Hypothesis two is supported by the argument that ASR is the most appropriate form of SR to be studied (Kristjánsson, 2007). However, this also brings into questioning the appropriateness of a unified account of SR

concerning its research. ASR is built on the psychological subjective cognitive (Beliefs) and affective (Feelings) components, and maintained through autonomous and heteronomous Attitudes (Kristjánsson, 2007). Thus, in some respects, the results in the present study confirm the theoretical argument. A self-insightful perceptive image of oneself as highly virtuous and having self-worth, and therefore deserving of Respect should evoke Feelings of empathic love, (*Philia*) and wellbeing (*Eudaimonia*) (Kristjánsson, 2007). However, this process has been described as requiring Perspective-taking as a mirror effect of self-insightfulness that allows for flexibility and empathic Behaviour (Allport, 1954). It is therefore, worth eliciting that Pt-Empathy was not a significant mediator of ASR and Prejudice; only Ec-Empathy. Although Ec-Empathy is related to *Philia* and *Eudaimonia* which confirms further the correlation between ASR and Prejudice being explained through EC-Empathy, Pt-Empathy is nevertheless, also required for associated self-reflectiveness necessary for Self-insight and Perspective-taking to oneself and others (Allport, 1954, Meyers, 1995).

A multidimensional approach to Empathy as a component of the Self in relation to Attitudes has already been argued to be the best approach in research (Davis, 1983). Without the *Perspective-taking* component, SR becomes compromised (Meyers, 1995). Therefore, concerning empirical psychology research, it is still unknown how SR relates to Empathy, and thus the role of Pt-Empathy is at odds with the available literature. This is the first research on SR and Prejudice, and hence, the role of Pt-Empathy as a mediator of the relationship between ASR and Prejudice should be researched in more detail in future studies.

The implications are that Behaviour may be compromised by the rigidity of perception and classification (stereotyping) (Tajfel, & Wilkes, 1963; Shen et al., 2013; Passini, 2017), through stigmatisation which reflects judgement and prejudiced Behaviour (Crisp, 2005; Stewart et al., 2008; Hugenberg, & Bodenhausen, 2003). Anew, the question on whether RSR and ASR should be investigated in an amalgamated manner resurges. For if the Perspective-taking component is missing in the mediation between ASR and Prejudice, results may also have been affected by the

measures employed. Essentially, Perspective-taking skills require contact with a specific object of reflexion, and contact has been shown to reduce stereotyping and stigmatisation (Crisp, 2015, Stewart et al., 2008). What one has for an Attitude, may not be reflected explicitly in Behaviour, and henceforth, measurements in SR future research should perhaps focus also on the observable situation, rather than just on quantitative measurements (LaPiere, 1934).

Additionally, for one to sustain the very intrinsic Attitudes that constitute SR one requires distinctively Respect from others (Bird, 2008). Thus, if SR is to aid in the reduction of prejudiced Attitudes; promote pro-social interpersonal relationships; and facilitate well-being, those who are the victims of prejudiced Behaviour should assert Respect through the resoluteness of their own SR, i.e. assertiveness of one's SR should impact on how one feels respected by others (Clucas, & St. Claire, 2011; Renger, 2017).

Finally, the question of Gender as not being a predictor requires also some reflections. Research has shown that males and females differ in their Attitudes towards stigmatisation and prejudiced actions (Hoffman, 1977b). Empirical evidence has established that female jurors are much more prone to have a more lenient empathic Attitude towards youth offenders with learning disabilities than male jurors (Najdowski et al., 2015), and female students have also shown to have more humanistic empathic Attitudes towards sufferers of a psychiatric condition than male students (Nan Zhang, & Yaman, 2011). Equally, prejudiced actions have been empirically evidenced more in men than women concerning homosexuality and racial stereotyping (Ratcliff et al., 2006; Ekehammar et al., 2002). This would explain the initial effect of Gender as a predictor in the relationship between ASR and Prejudice. However, with the introduction of Pt-Empathy, and Ec-Empathy in the model the effect of Gender was no longer observable. It may be that the subsequently non-significant effect of Gender can be explained by Empathy. As already discussed above researched has shown that women have higher levels of Empathy. As the object of evaluation in the present study was a woman with an Eating Disorder, and most of the

participants in the sample were women (56.8%) one would have expected a significant effect of Gender in predicting Prejudice. Official statistics for the NHS for 2014 and 2015 revealed that between 65.9 % and 98.1% of its health workers were women (nurses, health care assistants, therapists, and physiotherapists), and 50.78% were female medical practitioners (Health & Social Care Information Centre, 2015). Nevertheless, stigmatisation and negative prejudiced Attitudes in female health workers towards sufferers of Eating Disorders have shown to be prevalent (Puhl et al., 2014; Berg et al., 2016). Thus, results of the final analysis in this study contradict the findings of the above cited studies concerning women and higher levels of Empathy, and the literature concerning Gender and Empathy (Hoffman, 1977b).

One, henceforth, must consider the following: a) whether the results obtained in the present study are a reflexion of the possible inadequacies in the measures applied thus far in the investigation of SR, i.e., self-report measures may not reflect Attitudes; b) the attitudinal responses gathered in the present study may simply be a reflexion of the desirable and contemporary trend for political correctness determined behavioural responses, as already noted in previous studies (Parillo, & Donoghue, 2005). Possibly people who score high on SR are inclined to show more political correctness, and thus scored high on Ec-Empathy and Paid-Respect. Future research should adjust for social desirable responding. A reduction of stereotyping and prejudiced Behaviour towards sufferers of Eating Disorders (or any other stigmatised groups) may only be achievable when one engages with the individual's uniqueness of others respectfully, as one does to oneself self-reflectively, self-insightfully and unconditionally. Similarly, as for the promotion of well-being and pro-social Behaviour, this study suggests that SR may be the motivating factor in the link between positive non-stereotypical Attitudes and Paid-Respect.

Therefore, whilst the results suggest a link between ASR and Prejudice, the non-significant link between RSR and Prejudice, and the discrepancy in the results concerning the dynamics of Empathy as mediating components of SR suggest an inconsistency in the understanding of how SR integrally predicts Prejudice. Future

research may benefit from identifying which individual components of the Self specifically mediate and explain the relationship between SR to Prejudice in its entirety.

Limitations

There are limitations to this study that may have impacted in its findings. All measures were evaluative self-reports and they are susceptible to problems associated with this methodology. They may reflect social desirability bias responses (King, & Bruner, 2000) which may have impacted on responses, reflecting discrepancies between personally held Attitudes and observable Behaviour as indicated in their response to the questionnaire (LaPiere, 1934). The description of the object of evaluation (middle age women suffering with an Eating Disorder) may have been too narrowly close to the stereotypical views concerning Eating Disorders (Griffiths et al., 2015), and that may have affected direction of response. Research has shown that broad stigmatisation of a group (sufferers of Eating Disorders) yields less empathic Attitudes than a narrow stigmatisation of a group member (women and Eating Disorder) (Batson, et al. 1997). The limited demographics of the study participant sample may have also affected the direction of responses. Cheshire is not a diverse multicultural area of the UK, and it is predominantly white, middle-class populated. Hence, it is difficult to generalise the findings to people underrepresented in the sample. Future studies may also benefit from a combined research methodology (quantitative and qualitative), for instance interviews to gain more in-depth understanding of mechanisms underlying the relationship between SR and Prejudice. Finally, another measure of Prejudice other than Paid-Respect, such as *Liking* for example may have yielded different results.

Conclusion

The purpose of this study was to establish a link between Self-Respect and Prejudice. The study found a link between Prejudice and Appraisal Self-Respect but not between Prejudice and Recognition Self-Respect. It is plausible that the dynamics

between Respect and Self-Respect as a continuum recognised in this study may have identified a greater complexity in the elements that constitute Self-Respect. This plausibility is observed in the way that components involved in the mediation of different types of Self-Respect and Prejudice relate. The dynamics of this relationship reflect findings in this study concerning Empathy as a mediator in the relationship between Self-Respect and Prejudice in its implications to pro-social interactions and positive interpersonal relationships, as well as stigmatisation and prejudiced Attitudes. The dichotomy and range of findings elicit far more complex relationships between variables studied than previously thought. It would be beneficial for the implementation of effective treatments of Eating Disorders that future research offers a more solid understanding of the relationship between Self-Respect and Prejudice, and that the link observed between Self-Respect and Respect towards sufferers of Eating Disorders be investigated amongst health professionals.

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Appendices

Appendix A

RfP Unconditional Respect Scale

Lalljee, M., Tam, T., Hewstone, M., Laham, S., & Lee, J. (2009). Unconditional respect for persons and the prediction of intergroup action tendencies. *European Journal of Social Psychology*, 39, 666-683. <http://dx.doi:10.1002/ejsp.564>

Please rate the following statements on a scale from 1 (Strongly Disagree) to 7 (Strongly Agree):

1 Strongly disagree

2 Disagree

3 Slightly disagree

4 Neither agree or disagree

5 Slightly agree

6 Agree

7 Strongly agree

- 1) Being considerate of other people's wishes is a vital part of social relationships. ()
- 2) Someone who has committed an awful crime no longer has the right to be treated decently. ()
- 3) I look down upon the weaknesses and inadequacies of other people. ()
- 4) People who are stupid deserve our contempt. ()
- 5) I don't think there is any need to be tolerant of people I dislike. ()
- 6) Showing up a person's shortcomings in front of others is necessary if they are not up to the mark. ()
- 7) It is sometimes necessary to inflict serious pain when interrogating someone who is suspected of having committed a terrible crime. ()
- 8) Treating all people with respect is a vital part of our relationships with others. ()
- 9) I try to be understanding toward people even if I do not like them. ()
- 10) I find it hard to respect people who have very different views from my own. ()

11) It is really okay to be impatient with people I do not like. ()

12) Because we are all human, everyone should be treated with respect. ()

Reverse Coded - 2, 3, 4, 5, ,6, 7, 10, 11

Appendix B

Rosenberg Self-Esteem Scale

Halama, P. (2008). Confirmatory factor analysis of Rosenberg self-esteem scale in a sample of Slovak high school and university students. *Studia Psychologica*, 50, 255-266. Retrieved from <http://www.studiapsychologica.com>

Instructions

Below is a list of statements dealing with your general feelings about yourself. Please indicate how strongly you agree or disagree with each statement.

1. On the whole, I am satisfied with myself.
Strongly Disagree () Disagree () Agree () Strongly Agree ()
2. At times I think I am no good at all.
Strongly Disagree () Disagree () Agree () Strongly Agree ()
3. I feel that I have a number of good qualities.
Strongly Disagree () Disagree () Agree () Strongly Agree ()
4. I am able to do things as well as most other people.
Strongly Disagree () Disagree () Agree () Strongly Agree ()
5. I feel I do not have much to be proud of.
Strongly Disagree () Disagree () Agree () Strongly Agree ()
6. I certainly feel useless at times.
Strongly Disagree () Disagree () Agree () Strongly Agree ()
7. I feel that I'm a person of worth, at least on an equal plane with others.
Strongly Disagree () Disagree () Agree () Strongly Agree ()
8. I wish I could have more respect for myself.
Strongly Disagree () Disagree () Agree () Strongly Agree ()

9. All in all, I am inclined to feel that I am a failure.

Strongly Disagree () Disagree () Agree () Strongly Agree ()

10. I take a positive attitude toward myself.

Strongly Disagree () Disagree () Agree () Strongly Agree ()

Scoring:

Items 2, 5, 6, 8, 9 are reverse scored. Give "Strongly Disagree" 1 point, "Disagree" 2 points, "Agree" 3 points, and "Strongly Agree" 4 points. Sum scores for all ten items. Keep scores on a continuous scale. Higher scores indicate higher self-esteem

Appendix C

Davis IRI Empathy Scale

Davis, M. H. (1980). A multidimensional approach to individual differences in empathy. *JSAS Catalog of Selected Documents in Psychology*, 10, 1-19. Retrieved from http://www.uv.es/~friasnav/Davis_1980.pdf

Perspective-taking Items

1. I believe that there are two sides to every question and try to look at them both.

2. When I'm upset at someone, I usually try to "put myself in his shoes" for a while.

3. It's rare that some issue is ever black and white -- usually the truth is somewhere in between. _____
4. I sometimes find it difficult to see things from the "other guy's" point of view.

5. Before criticising somebody, I try to imagine how I would feel if I were in their place.

6. If I'm sure I'm right about something, I don't waste much time listening to other people's arguments. _____
7. I sometimes try to understand my friends better by imagining how things look from their perspective. _____

Empathic Concern Items

8. I am often quite touched by things that I see happen. _____
9. Seeing warm, emotional scenes melts my heart and makes me teary-eyed. _____
10. Occasionally I am not very sympathetic to my friends when they are depressed.

11. Usually I am not extremely concerned when I see someone else in trouble. _____

12. Sometimes I don't feel sorry for other people when they are having problems.

13. When I see someone being treated unfairly, I sometimes don't feel very much pity for them. _____

14. When a friend tells me about his good fortune, I feel genuinely happy for him.

15. When I see someone being taken advantage of, I feel kind of protective toward them. _____

16. I often have tender, concerned feelings for people less fortunate than me. _____

17. When someone gets hurt in my presence, I feel sad and want to help them.

18. I feel sad when I see a lonely stranger in a group. _____

Scoring

Strongly Disagree ()

Slightly Disagree ()

Disagree ()

Neither Agree or Disagree ()

Slightly Agree ()

Agree ()

Strongly Agree ()

Reversed Code - 4, 6, 10, 11, 12, 13

Appendix D

Recognition Self-Respect Scale

Clucas, C. (2014). Self-Respect Scale. Unpublished Data.

Please rate your agreement with each item on a scale of 1 (strongly disagree) to 7 (strongly agree)

1	2	3	4	5	6	7
Strongly	Disagree	Slightly	Neither	Slightly	Agree	Strongly
Disagree		Disagree	Agree or	Agree		Agree
			Disagree			

1. I recognise myself as worthy in view of my being human _____
2. I feel reverence for myself in view of my ability as a human to make plans and carry them out _____
3. I have dignity from being an autonomous human being _____
4. I take pride in seeing myself as a moral agent who can make the right choices _____
5. I feel worthy in view of my ability to determine my own course of action _____
6. I do not feel I have freedom of choice (R) _____
7. I do not see myself as entitled to a basic level of respect in view of my being human (R) _____
8. I believe in the basic equal worth of human beings _____

Reversed Code– 6, 7

Appendix E

Appraisal Self-Respect Scale

Clucas, C., & Wilkinson, H. (2017, May 5th). The value of self-respect for moral and social behaviour: Development of a trait self-respect measure. Paper presented at the British Psychological Society Annual Conference, Brighton. UK: BPS. Retrieved 27/07/2017 from https://www.bps.org.uk/system/files/user-files/Annual%20Conference%202017/AC2017%20ABSTRACT%20BOOK_web.pdf

Please rate the following statements on a scale from 1 (Strongly Disagree) to 7 (Strongly Agree):

1	2	3	4	5	6	7
Strongly disagree	Disagree	Slightly disagree	Neither agree or disagree	Slightly agree	Agree	Strongly agree

1. I take care of my appearance ____
2. I feel I have moral courage ____
3. I see my behaviour as dignified ____
4. I feel I have a high strength of character ____
5. I take pride living according to my moral code ____
6. I feel I have a high degree of self-respect ____
7. I will always stick to my principles even if asked to do otherwise ____
8. I have a lot of respect for myself ____
9. I often feel ashamed of my behaviour ____
10. I see myself as a high-minded person ____
11. I respect myself when I think back on my actions ____
12. I rarely abide by my personal standards ____
13. I will not debase myself to please others ____
14. I stand up for myself ____

Reversed Code – 9, 12

Appendix F

Prejudice (Respect for Persons Scale)

Clucas. C., St Claire, L. (2016). How can respectfulness in medical professionals be increased? A complex but important question. *Journal of Bioethical Enquiry*, 14(1), 123-133. <http://dx.doi:10.1007/s11673-016-9758-5>

Please, now imagine that you have just met a 36-year-old woman (white) who suffers from an Eating Disorder

Please rate the statements that best fit with your views using the following Scale from 1(extremely unlikely) to 10 (extremely likely). How likely is that....

You would....

1. ... be inclined to treat him politely
2. ... not take his opinions seriously
3. ... respect his views
4. ... help him formulate and carry out his plans
5. ... listen to him attentively to everything that he says
6. ... tend to smile at him
7. ... would treat him with respect
8. ... think that this person deserves to be respected
9. ... expect people to listen to him
10. ... think of him as a person of worth
11. ... think he has much to be proud of
12. ... not believe him respect-worthy
13. ... believe you are superior to him
14. ... find it hard to feel respect for him
15. ... admire this person
16. ...feel contempt for this person
17. ... feel pity for the person
18. ... despise him

19. ... would feel honoured to be with this person

20. ... like this person as your neighbor

21. ... dislike having him as a colleague

Reverse Coded: Behaviour: 2; Beliefs: 5, 6; Feelings: 1, 3, 4, 5, 8

Appendix G



Factors influencing attitudes towards sufferers of Eating Disorders Participation Information Sheet

Purpose of the study

This is an academic study interested in the views and attitudes of the public towards sufferers of Eating Disorders. It is being conducted as part of my PS7112 Research Dissertation for my postgraduate degree. Ethical approval for this study has been sought and obtained from The University of Chester Department of Psychology Ethics Committee.

Participation

Any adult over the age 18 is invited to take part in the study. However, if you suffer from an eating disorder, you might prefer not to take part, as participation may cause you distress or anxiety. Participation is entirely voluntary. No formal consent will be required: by agreeing to filling-in the questionnaire you are agreeing to participate in this study on Factors that influence Attitudes towards sufferers of Eating Disorders. Consent is assumed by completion of questionnaire. Withdrawal from the study is allowed up to submission of the questionnaire without having to give a reason at any time during the study. Withdrawal will not be possible after this since your data is anonymous.

What is required from a participant?

The study should take a maximum of 20 minutes to complete. You will be presented with questions on your self-respect, self-esteem, empathy and attitudes towards sufferers of Eating Disorders, and invited to rate each statement by using the measurement scale presented at the beginning. Some of the statements are very direct and can be perceived as sensitive for some people. If you feel that you will find the study upsetting, it is advised that you do not participate. You also do not need to answer questions that you may prefer not to answer. However, if you decide to proceed and chose to leave some statements blank without rating them, your data may still be used for analysis. You must rate each statement in accordance to how it best describes your views concerning each subject addressed in the statement. The questionnaire

used in the study is not a diagnostic tool or designed to be used for therapy purposes. Upon completion, you will be provided with a debriefing sheet, detailing predictions for this study, and information concerning support in case you experienced some distress during participation

Who is conducting the study?

I am the principle researcher, and I am currently undertaking a MSc Psychology (Conversion) degree at The University of Chester. I am responsible for conducting the study and analysing the data which will contribute for my dissertation (PS7112 - Research Dissertation). If you have got any queries, problems or would like to raise a complaint concerning this study, please contact either myself Marcus R. Bezerra on 1623614@chester.ac.uk or the research supervisor, Dr Claudine Clucas on c.clucas@chester.ac.uk

Risks/Benefits

Some of the statements are very direct and can be perceived as sensitive for some people. If you feel that you are finding the study upsetting, it is advised that you stop participation immediately. For further support, you can contact Student Support and Guidance at on 01244 511550 or student welfare@chester.ac.uk, or your PAT. If you are not a student at The University of Chester, you can contact for support either Beat on 0808 801 0677 or help@b-eat.co.uk, or The Samaritans on 116123 or jo@samaritans.org

Students from The University of Chester will be rewarded with 2 RPS credit. If you are not a student from the university and require no RPS credits, there are no other benefits to be gained. However, your participation in the study will assist with the body of knowledge towards the field of Psychology.

Confidentiality

Your participation in the study is anonymous and your data will be kept confidential at all times. All data collected will be kept secure in a file, and transferred and stored into a UBS stick and computer, both which are password protected. Only myself and my research supervisor will have access to the data. The data will be kept confidential, and disseminated as group data in the MSc dissertation and possibly in an academic journal.

Appendix H



Factors influencing attitudes towards sufferers of Eating Disorders

Debrief formation

Thank you for participating in this study. I hope that you enjoyed the experience.

The study investigated how your own levels of Self-Respect relates to your self-esteem, empathic views, respect and attitudes towards sufferers of Eating Disorders. You participated in six scales; Recognition Self-Respect, Appraisal Self-Respect, Unconditional Respect, Self-Esteem, Empathy Scale and Respect Scale (based on behaviour, beliefs and feelings). Very little research has been done in Self-Respect and Interpersonal Relationship, and as far as we know, no other study has been done to assess the correlation between Self-Respect and prejudice towards sufferers of Eating Disorders.

The information you provided us allows assess if high levels of Self-Respect promotes positive empathic views towards sufferers of Eating Disorders, social acceptance, and less prejudice; or whether they promote negative conceited judgmental views, social distance and prejudice towards sufferers of Eating Disorders. The data will be kept confidential, and disseminated as group data in the MSc dissertation and possibly in an academic journal.

If you have got any further questions, do not feel comfortable or would like to raise any complaints concerning this study, please do not hesitate to contact either myself Marcus R. Bezerra on 1623614@chester.ac.uk or the research supervisor, Dr Claudine Clucas on c.clucas@chester.ac.uk. For further support, you can contact Student Support and Guidance at on 01244 511550 or student welfare@chester.ac.uk, or your PAT. If you are not a student at The University of Chester, you can contact for support either Beat on 0808 801 0677 or help@b-eat.co.uk, or The Samaritans on 116123 or jo@samaritans.org

Appendix I

Staff / Office Use Only

DOPEC NUMBER:

Umbrella project DOPEC number (staff)

APPLICANT SURNAME: Rodrigues Bezerra

Please complete all questions by underlining the correct response to facilitate correct processing

APPLICANT: UG PGT PGR STAFF

REVIEW PROCESS: Accelerated / Full

APPLICATION STATUS: NEW APPLICATION, MAJOR AMENDMENT, RESUBMISSION

APPLICATION FOR: DISSERTATION, TEACHING, RESEARCH & PUBLICATION

ATTENDANCE AT HEALTH & SAFETY BRIEFING: YES / NO / NA

INCLUSION OF RISK ASSESSMENT FORM: YES / NO / NA

NOTES ON THE ROLE AND FUNCTION OF THE DEPARTMENT OF PSYCHOLOGY ETHICS COMMITTEE.

- All decisions of the committee are based on the application form and reviewers comments ONLY. Forms should be as detailed and clear as possible. Verbal discussions are not considered as part of the application or review process.
- The review process strictly adheres to the University of Chester Research Governance Handbook and the BPS Code of Ethics.
- The decision of the committee is final. If you are a UG, PGT or PGR student you should discuss the decision of the committee with your supervisor. If you are a member of staff you may contact the chair of the committee for further clarification.

Before completing the form researchers are expected to familiarise themselves with the regulatory codes and codes of conduct and ethics relevant to their areas of research, including those of relevant professional organisations and ensure that research which they propose is designed to comply with such codes. |

Department of Psychology Ethical Approval for Research: Procedural Guidelines.

University of Chester Research Governance Handbook

http://ganymede2.chester.ac.uk/view.php?title_id=522471

BPS Code of Ethics

http://www.bps.org.uk/system/files/Public%20files/bps_code_of_ethics_2009.pdf

BPS Code of Human Research Ethics

http://www.bps.org.uk/sites/default/files/documents/code_of_human_research_ethics.pdf

BPS Guidelines for Internet-mediated Research

<http://www.bps.org.uk/system/files/Public%20files/inf206-guidelines-for-internet-mediated-research.pdf>

BPS Research Guidelines and Policy Documents

<http://www.bps.org.uk/publications/policy-and-guidelines/research-guidelines-policy-documents/research-guidelines-poli>

Any queries email: psychology_ethics@chester.ac.uk

CHECK LIST.

Please complete the form below indicating attached materials. Prior to submission supervisors must confirm that they have reviewed the application by completing the supervisors column.

Notes: Students to indicate where information is found, supervisor to confirm by ticking green column	confirmationSupervisor	sheetInformation.	Letter	Email	pageEmail info.	FormConsent	PowerPoint	N/A
Brief details about the purpose of the study	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact details for further information	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explanation of how and why participant has been chosen	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notification that materials/interviews are not diagnostic tools/therapy or used for staff review/development purposes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explanation participation is voluntary	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Details of any incentives or compensation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Details of how consent will be obtained	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If research is observational, consent to being observed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Details of procedure so participants are informed about what to expect	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Details of time commitments expected	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Details of any stimuli used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Explanation of right to withdraw and right to withdraw procedure	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Option for omitting questions participant does not wish to answer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Procedure regarding partially completed questionnaires or interviews	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With interviews, information regarding time limit for withdrawal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Details of any advantages and benefits of taking part	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Details of any disadvantages and risks of taking part	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information that data will be treated with full confidentiality and that, if published, those data will not be identifiable as theirs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Debriefing details	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dissemination information	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Further information (relevant literature; support networks etc)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supervisor Signature: Dr Claudine Clucas

Date:23/03/2017

DEPARTMENT OF
PSYCHOLOGY
APPLICATION TO
DEPARTMENTAL ETHICS



University of
Chester

**IN COMPLETING THE FORM UG & PGT STUDENTS PLEASE
REFER TO YOUR HANDBOOK**

Question 1: Working title of the study

Notes: The title should be a single sentence

Self-Respect, Empathy, and Discrimination towards Sufferers of Eating Disorders.

Question 2: Applicant, name and contact details.

Notes: The primary applicant is the name of the person who has overall responsibility for the study. Include their appointment or position held and their qualifications. For studies where students and/or research assistants will undertake the research, the primary applicant is the student (UG, PGT, PGR) and supervisor is the co-applicant.

Marcus C. Rodrigues Bezerra
2 Windmill Lane, Buerton
Cheshire, CW3 0DE
Tel: 07780680304

Question 3: Co-applicants

Notes: List the names of all researchers involved in the study. Include their appointment or position held and their qualifications.

Dr Claudine Clucas – Senior Lecturer at University of Chester

Question 4: What are the start and end dates of the study?

Notes: If exact dates are unavailable, explain why and give approximate dates.

01/01/2017 – 31/10/2017

Question 5: Is this project subject to external funding?

Notes: Please provide details of the funding body, grant application and PI.

No

Question 6: Briefly describe the purpose and rationale of the research

Notes: In writing the rationale make sure that the research proposed is grounded in relevant literature, and the hypotheses emerge from recent research and are logically structured.
PGR / Staff if this application is for a funded project please attach any detailed research proposals as appropriate.
Maximum word length (300 words)

Self-Respect has not been properly investigated. There is a gap in the literature exploring the relation between Self-respect and its contribution to well-being and societal behaviour. Most literature explores the philosophical principles (Kantian and Aristotelian) of moral and conduct upon which the definition of Self-respect is constructed (Bird, 2008; Cuerton, 2013; Middleton, 2006): Self-Respect is defined as the tendency to perceive the self as a principled person who is worthy of honour and high regard (Kumashiro, Finkel, & Rusbult, 2002).

Self-Respect has been categorised as: Recognition Self-respect - the regard that all persons are entitled to have, based on one's own principles and morals to oneself not simply as a mean but also as an end (Roland, & Foxx, 2003); Appraisal Self-respect - refers to the positive appraisal of oneself as a person, and it is merit- based and grounded in the excellence of one's character, based on one's appropriate concern for self-knowledge, accurate judgment, and correct values rather than simply a good opinion of oneself (Roland, & Foxx, 2003).

Self-Respect differs from Self-Esteem, which is a global self- evaluation that individuals make and maintain with regards to themselves, expressing an attitude of approval or disapproval of self, reflecting what one thinks of oneself as an individual (Pierce, Gardner, Cummings, & Dunham, 1989)

Self-respect is a neglected area of study in psychology (Roland & Foxx, 2003). Research has thus far explored and established that Self-respect promotes constructive pro-relationship, and personal and conjugal well-being in marital relationships over and above self-esteem (Kumashiro, Finkel, & Rusbult, 2002). Thus, further research is required to empirically study the relationship between Self-respect and interpersonal behaviour and mediating factors.

This study will explore the relationship between both forms of Self-Respect (recognition and appraisal) and respect towards sufferers of Eating Disorders. It is expected that recognition (but not necessarily appraisal) Self-respect will promote positive empathic views and social acceptance towards sufferers of Eating Disorders. The study will also explore whether empathy mediates the relationship between Self-Respect (recognition and appraisal) and respect towards sufferers of Eating Disorders; and whether unconditional respect mediates the relationship between recognition Self-respect and respect towards sufferers of Eating Disorders. It is specifically hypothesised based on existing literature (Kumashiro, Finkel, & Rusbult, 2002; Roland, & Foxx, 2003; Kristjánsson, 2007; Lalljee, Laham, & Tam, 2007; Lalljee, Tam, Hewstone, Laham, & Lee, 2009; Crisp, 2005; Stewart, Schiavo, Herzog, Franko, 2008; Richard, Morris, & Johnson, 2006; Darwall, 2006; Middleton, 2006) that:

- 1) High empathy will be associated with higher levels of respect towards sufferers of Eating Disorders.
- 2) High Levels of unconditional respect will be associated with higher levels of respect towards sufferers of Eating Disorders

Question 7: Describe the methods and procedures of the study

Notes: Attach any relevant material (questionnaires, supporting information etc.) as appendices and summarise them briefly here (e.g. Cognitive Failures Questionnaire: a standardised self-report measure on the frequency of everyday cognitive slips). Do not merely list the names of measures and/or their acronyms. Include information about any interventions, interview schedules, duration, order and frequency of assessments. It should be clear exactly what will happen to participants. If this is a media based study describe and list materials include links and sampling procedure. (500 words)

Participants will be recruited through posters posted on university campus, Facebook and RPS. If participants are interested in taking part, they will be provided with an information sheet and a link to the online questionnaire. Participants will be introduced to the study and be informed that it is a study on attitudes towards sufferers of Eating Disorders, including the role of self-esteem and empathy. Additionally, that if they suffer from an Eating Disorder and feel that the study may cause anxiety or distress that they should refrain from taking part. Furthermore, participants will be informed that the study should take no longer than 20 to 25 minutes to be finished, and that they do not need to answer questions that they may prefer not to answer. However, if they decide to proceed and chose to leave some statements blank without rating them, their data may still be used for analysis. Finally, they will be informed of the right to withdraw from study up to submission of the questionnaire without having to give a reason, and withdrawal thereafter will not be possible due to data anonymity (refer to information sheet on appendix). Participation will only be required once.

Participants will be asked firstly to complete a series of validated scales on Self-Respect (recognition and appraisal), Unconditional Respect, Self-Esteem, and Empathy

- a) Self-respect: standardised self-report measures of self-evaluation of moral, principles, excellence of character (refer to appendix for measurement scales): a recognition Self-Respect scale (Clucas, & Stubbs, 2014), and an appraisal Self-Respect (Clucas, 2014) which have both shown good internal consistency and construct validity.
- b) Unconditional Respect: a standardised self-report measure of evaluation of others' attitudes of unconditional valuing of people as human beings (Lalljee, Laham, & Tam, 2007) (refer to appendix for measurement scale).
- c) Self-Esteem: a standardised self-report measure of evaluation of self-approval by Rosenberg (1965) (refer to appendix for measurement scale)
- d) Empathy: a standardised self-report measures on evaluation of concern towards other by Davis (1980) (refer to appendix for measurement scale)

Then as a final evaluation, participants will be asked to rate statements on behaviour, feelings and beliefs by imagining that they have just met a, 36 years-old, white, female who suffers from an Eating Disorder and using a ten point Likert-Scale based measurement Scale of Respect

- e) Respect: a standardised self-report measures on self-evaluation of behaviour, feelings and beliefs of respect towards others (Clucas, & St. Claire, 2016) (refer to appendix for measurement scale).

Participants will be debriefed with information about what the study was measuring and useful contact details for support in case of distress, anxiety; and contact details for complaints or issues that they might like to raise (refer to appendix for debriefing sheet).

Data will be analysed using Correlations, Multiple Regressions, and Mediation analysis. Correlations between recognition and appraisal Self-Respect with Unconditional Respect, Empathy and Respect, and correlations between respect with Empathy and Unconditional Respect will be firstly conducted. Multiple regression analyses of significant correlations will then be performed, and finally Mediation analyses between Self-Respect (recognition and appraisal), Empathy and Respect; and Recognition Self-Respect, Unconditional Respect, and Respect will be performed, to conduct a full analysis of the data

**Question 8: Has the person carrying out the study had previous experience of the procedures?
If not who will supervise that person?**

Notes: Say who will be undertaking the procedures involved and what training and/or experience they have. If supervision is necessary, indicate who will provide it.

Yes.

Research Methods; Qualitative Research Study for BA (Honours) Open – Open University; Qualitative and Quantitative Lab Reports for PS7301 Researching Thought and Behaviour; Quantitative Lab Report for PS7312 – Cognitive Psychology

Dr Claudine Clucas

Question 9: What ethical issues does this study raise and what measures have been taken to address them?

Notes: Describe any discomfort or inconvenience that participants may experience. Include information about procedures that for some people could be physically stressful or might impact on the safety of participants, e.g. interviews, probing questions, noise levels, visual stimuli, equipment; or that for some people could be psychologically stressful, e.g. mood induction procedures, tasks with high failure rate. Discuss any issues of anonymity and confidentiality as they relate to your study, refer to ethics handbook and guidance notes at the end of the form. If animal based include ethical issues relating to observation.

Deductive Disclosure – Reduce deductive disclosure by maintaining anonymity of participants; no names or pseudonyms will be required and hence, not disclosed.

Data files will be password protected in a memory stick and computer, and only be accessible to researcher and supervisor.

Eating Disorders is a sensitive issue that may cause distress and anxiety. Participants will be told about the purpose of the study of investigating factors that influence attitudes towards sufferers of eating Disorders, and that the study will involve completing questions on their self-respect, self-esteem, empathy and attitudes towards sufferers of Eating Disorders. They will be advised not to take part in the study if they either suffer from an eating disorder, or feel that the study may cause them distress or anxiety (refer to appendix for information sheet). Participants will also be told that they can withdraw at any point up to the submission of their questionnaire. Additionally, participants will be provided with useful contact details for support in case of distress or anxiety that may have been caused by participating in the study (refer to appendix for debriefing sheet).

No informed Consent Forms will be needed. Consent will be stipulated within the Study Information Sheet and Instructions, which will include at the end the following statement: “By agreeing to filling-in the questionnaire you are agreeing to participate in this study on Factors that influence attitudes towards sufferers of Eating Disorders.” (refer to appendix for information sheet). However, participants will be informed that they do not need to answer questions if not wanted, but nevertheless, the data that they provide may still be used in the data analysis (refer to appendix for information sheet).

Question 10: Who will the participants be?

Notes: Describe the groups of participants that will be recruited and the principal eligibility criteria and ineligibility criteria. Make clear how many participants you plan to recruit into the study in total.

Undergraduate and Postgraduate students from the University of Chester; General Members of the Public

Question 11: Describe participant recruitment procedures for the study

Notes: Gives details of how potential participants will be identified or recruited. Include all advertising materials (social media messages, posters, emails, letters, verbal script etc.) as appendices and refer to them as appropriate. Describe any screening examinations. If it serves to explain the procedures better, include as an appendix a flow chart and refer to it.

SONA- Research Participation System for University of Chester students containing a link to the measurement scale questionnaire.

Poster that will be placed with the University of Chester grounds (refer to appendix).

Facebook Page stating all the main points concerning the study containing a picture of the poster.

Participants will be asked to message me if interested in taking part in the study and I will then send them the link to the questionnaire and information sheet.

Question 12: Describe the procedures to obtain informed consent

*Notes: Describe when consent will be obtained. If consent is from **adult participants**, give details of who will take consent and how it will be done. If you plan to seek informed consent from **vulnerable groups** (e.g. people with learning difficulties, victims of crime), say how you will ensure that consent is voluntary and fully informed.*

*If you are recruiting **children or young adults** (aged under 18 years) specify the age-range of participants and describe the arrangements for seeking informed consent from a person with parental responsibility. If you intend to provide children under 16 with information about the study and seek agreement, outline how this process will vary according to their age and level of understanding.*

How long will you allow potential participants to decide whether or not to take part? What arrangements have been made for people who might not adequately understand verbal explanations or written information given in English, or who have special communication needs?

If you are not obtaining consent, explain why not.

No informed Consent Forms will be required. Consent will be stipulated within the Study Information Sheet and Instructions, which will include at the end the following statement: "By agreeing to filling-in the questionnaire you are agreeing to participate in this study on Factors that influence Attitudes towards sufferers of Eating Disorders." Completion of questionnaire assumes consent (refer to appendix for Information sheet).

Question 13: Will consent be written?

No (delete as appropriate)

*Notes: If **yes**, include a consent form as an appendix. If **no**, describe and justify an alternative procedure (verbal, electronic etc.) in the space below.*

Guidance on how to draft Participant Information sheet and Consent form can be found on PS6001 Moodle space and in the Handbook.

Question 14: What will participants be told about the study? Will any information on procedures or the purpose of study be withheld?

Notes: Include an Information Sheet that sets out the purpose of the study and what will be required of the participant as appendices and refer to it as appropriate. If any information is to be withheld, justify this decision. More than one Information Sheet may be necessary.

Participants will be informed that the study is interested in examining factors that influence attitudes towards sufferers of Eating disorders. (refer to appendix for information sheet). Additionally, participants will be informed that questionnaires will be on Self-Respect, Self-Esteem, Empathy and attitudes towards sufferers of Eating Disorders.

Question 15: Will personally identifiable information be made available beyond the research team (e.g. report to organisation)?

Notes: If so, indicate to whom and describe how confidentiality and anonymity will be maintained at all stages.

No

Question 16: What payments, expenses or other benefits and inducements will participants receive?

Notes: Give details. If it is monetary say how much, how it will be paid and on what basis is the amount determined. Indicate RPS credits.

Undergraduate and Postgraduate students will be awarded 2 RPS credit for participation to count as the necessary credits needed for their own dissertation projects. Participants who are members of the public will be informed that their participation will contribute to the gathering and expansion of scientific knowledge in the field in Psychology.

Question 17: At the end of the study, what will participants be told about the investigation?

Notes: Give details of debriefings, ways of alleviating any distress that might be caused by the study and ways of dealing with any clinical problem that may arise relating to the focus of the study.

Participants will be given some more information on the study aims and hypotheses, informed that data will be kept safely secure and confidential. Names and contact details for references to Support Organisations will be provided. My own personal contact details, i.e. email address for questions, problems, and complaints (see attached debriefing sheet in appendix)

Question 18: What arrangements are there for data security during and after the study?

Notes: Digital data stored on a computer requires compliance with the Data Protection Act; indicate if you have discussed this with your supervisor and describe any special circumstances that have been identified from that discussion. Say who will have access to participants' personal data and for how long personal data will be stored or accessed after the study has ended.

All data will be safely kept in a password protected computer and memory stick. Memory stick will be safely kept in a safe. Data will be regularly backed up, and copies (soft/hard) will be made, as so to avoid deletion and loss of data. The data will be kept for five years in line with BPS guidelines

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Signatures of the study team (including date)
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Notes: The primary applicant and all co-applicants must sign and date the form. Scanned or electronic signatures are acceptable.



Marcus Rodrigues Bezerra, 27/03/2017

Dr Claudine Clucas

ETHICS COMMITTEE DATE:

CHAIRS COMMENTS:

- ☐ Read and address all reviewers comments

ACCEPTABLE

- ☐ Action: You may now commence with data collection subject to approval from any relevant external agencies.

DATA COLLECTION IS NOT PERMISSABLE UNDER THESE CONDITIONS

- ☐ ACCEPTABLE SUBJECT TO SUBMISSION OF AMENDMENT FORM
- ☐ Acceptable subject to conditions listed by chair. Discuss conditions highlighted with supervisor and submit ethics application amendment form direct to office.
- ☐ Acceptable subject to conditions listed by chair: Submit ethics application amendment form direct to office.

ACCEPTABLE SUBJECT TO CONDITIONS LISTED BY CHAIR:

- ☐ Action: Resubmit application for full review ensuring you have completed section B

REVISE AND RESUBMIT:

- ☐ Action: Resubmit application for full review ensuring you have completed section B

SIGNATURE:

Guidance Notes / Advice on completing the ethical considerations aspects of a programme of research

Consent

Informed consent must be obtained for all participants before they take part in your project. The form should clearly state what they will be doing, drawing attention to anything they could conceivably object to subsequently. It should be in language that the person signing it will understand. It should also state that they can withdraw from the study at any time and the measures you are taking to ensure the confidentiality of data. If children are recruited from schools you will require the permission, depending on the school, of the head teacher, and of parents. Children over 14 years should also sign an individual consent form themselves. If conducting research on children you will normally also require Criminal Records Bureau clearance. You will need to check with the school if they require you to obtain one of these. It is usually necessary if working alone with children, however, some schools may request you have CRB clearance for any type of research you want to conduct within the school. Research to be carried out in any institution (prison, hospital, etc.) will require permission from the appropriate authority.

Covert or Deceptive Research

Research involving any form of deception can be particularly problematical, and you should provide a full explanation of why a covert or deceptive approach is necessary, why there are no acceptable alternative approaches not involving deception, and the scientific justification for deception.

Debriefing

How will participants be debriefed (written or oral)? If they will not be debriefed, give reasons. Please attach the written debrief or transcript for the oral debrief. This can be particularly important if covert or deceptive research methods are used.

Withdrawal from investigation

Participants should be told explicitly that they are free to leave the study at any time without jeopardy. It is important that you clarify exactly how and when this will be explained to participants. Participants also have the right to withdraw their data in retrospect, after you have received it. You will need to clarify how they will do this and at what point they will not be able to withdraw (i.e. after the data has been analysed and disseminated).

Protection of participants

Are the participants at risk of physical, psychological or emotional harm greater than encountered ordinary life? If yes, describe the nature of the risk and steps taken to minimise it.

Observational research

If observational research is to be conducted without prior consent, please describe the situations in which observations will take place and say how local cultural values and privacy of individuals and/or institutions will be taken into account

Giving advice

Staff should not put themselves in a position of authority from which to provide advice and should in all cases refer participants to suitably qualified and appropriate professionals.

Research in public places

You should pay particular attention to the implications of research undertaken in public places. The impact on the social environment will be a key issue. You must observe the laws of obscenity and public decency. You should also have due regard to religious and cultural sensitivities.

Confidentiality/Data Protection

You must comply with the Data Protection Act

- It is very important that the Participant Information Sheet includes information on what the research is for, who will conduct the research, how the personal information will be used, who will have access to the information and how long the information will be kept for. This is known as a 'fair processing statement.'
- You must not do anything with the personal information you collect over and above that for which you have consent.
- You can only make audio or visual recordings of participants with their consent (this should be stated on the Participant Information sheet)
- Identifiable personal information should only be conveyed to others within the framework of the act and with the participant's permission.
- You must store data securely. Consent forms and data should be stored separately and securely.
- You should only collect data that is relevant to the study being undertaken.
- Data may be kept indefinitely providing its sole use is for research purposes and meets the following conditions:
 - The data is not being used to take decisions in respect of any living individual.
 - The data is not being used in any which is, or is likely to, cause damage and/or distress to any living individual.
- You should always protect a participant's anonymity unless they have given their permission to be identified (if they do so, this should be stated on the Informed Consent Form).
- All data should be returned to participants or destroyed if consent is not given after the fact, or if a participant withdraws.

Animal rights

Research which might involve the study of animals at the University is not likely to involve intrusive or invasive procedures. However, you should avoid animal suffering of any kind and should ensure that proper animal husbandry practices are followed. You should show respect for animals as fellow sentient beings.

Environmental protection

The negative impacts of your research on the natural environment and animal welfare, must be minimised and must be compliant to current legislation. Your research should appropriately weigh longer-term research benefit against short-term environmental harm needed to achieve research goals.